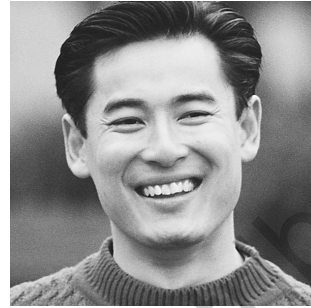


# SESSION 2



**PROGRAM ORIENTATION: TOOLS  
AND TARGETS FOR CHANGE**

**THE MASTER SKILLS LIST, YOUR  
MASTER PROFILE, AND YOUR MASTER  
ASSESSMENT PLAN**

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## OVERVIEW AND SESSION OBJECTIVES

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*Self-awareness* is key to opening the door to change our thinking, feelings, and actions. There are two pathways to self-awareness.

- ▶ **Self-disclosure:** This is sharing and disclosing our personal experiences and problems. This is not easy. During our childhood, we may have been told not to talk about our feelings, thoughts, and problems. If we did express them, we may have been put down or even punished for what we said. Often, we were told not to get angry or to be happy when we were sad. If we did show our feelings, it was after we stored them up and then they came out by blowing up or throwing a tantrum or pouting. During our childhood or teen years, we may not have learned how to tell our thoughts or show our feelings in healthy ways. We were often taught to blame others, since that is the way most adults solve their frustrations and problems. We learned to solve problems by someone being right and someone being wrong. An important part of this program is talking about yourself. We want you to express your feelings and thoughts, explore your past and present feelings, explore your thoughts and actions, and to tell us your story.
- ▶ **Receiving feedback:** Having others tell us what they see and feel about what we have shared. This is also difficult. Often, what we get from people is not feedback, but a reaction to what we have said or done. It is often a judgment of us, telling us we are wrong or blaming us. Feedback is most helpful when people make it clear that this is how they see us, their opinion. We listen to feedback when people relate to us and not just react to what we say or do. We listen to feedback when we feel the *other person understands us*. When this happens, we learn about ourselves. We become more aware of who and what we are. During this program, you will get feedback from your counselor and from your peers. But the feedback will be given to you in a non-blaming manner.

This session looks at the tools and targets for strengthening responsible living, self-management, and making changes in our lives. We do an in-depth assessment of our life issues and problems. We then build or update a master plan and look at tools that guide our efforts for self-improvement and change.

### SESSION OBJECTIVES

- ▶ Look at the Driving With CARE® (DWC) tools for change used in this program
- ▶ Go over the Master Skills List for responsible living and change
- ▶ Complete the Master Profile (MP)—You may have done this in DWC Education. If so, do it again. You may have changed how you see yourself.
- ▶ From the MP, identify or define targets of change and complete or update your Master Assessment Plan (MAP)—You may have done this in DWC Education. If so, do it again. Your targets for change, and areas to work on may have changed.
- ▶ Learn how to do a Thinking Report
- ▶ Learn how to do your autobiography
- ▶ Begin the Assessing Weekly Risk Exposures (AWRE) monitoring charting

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## SESSION CONTENT AND FOCUS

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Self-disclosure is an important step for self-awareness, and self-awareness leads to self-improvement and change. The tools and skills that you review and learn in this session are directed at bringing about self-awareness and open the doors for self-improvement and change. Remember the overall goals of DWC Therapy: to prevent relapse and recidivism into impaired driving. In Session 1, we looked at the rules of learning and rules of thinking that give us an understanding of how these rules led to our problems related to alcohol and other drugs (AOD) and to a pattern of impaired driving. These same rules of learning and thinking are also used to make changes in our lives to prevent relapse and recidivism. Here are the tools that we use in this program to make changes so as to help you prevent relapse and recidivism.

- ▶ Cognitive-behavioral (CB) Map for cognitive-behavioral change introduced in Session 1
- ▶ Master Skills List: Skills to change thinking and action
- ▶ The Master Profile (MP): Tool for self-assessment
- ▶ The Master Assessment Plan (MAP): Your own targets and plan for change
- ▶ Using the Assessing Weekly Risk Exposures (AWRE) monitoring charting to be discussed below
- ▶ Evaluating your progress of change using the Client Progress Report (CPR)

### A. MAP FOR COGNITIVE-BEHAVIORAL LEARNING AND CHANGE

- ▶ The CB Map that was introduced to you as Figure 1.1 in Session 1 is a basic tool that we use almost in every session to make changes in our thinking and in our actions. It shows **how thoughts lead to feelings and actions, and how those thoughts get strengthened and reinforced.**
- ▶ Exercise: We briefly review the CB Map and do a CB Map exercise. Most sessions will begin with the CB Map exercise.

### B. THE MASTER SKILLS LIST: TOOLS FOR RESPONSIBLE LIVING AND CHANGE

Skill building and practice and becoming aware of our personal problems are a core part of impaired driving education and therapy. In DWC Therapy, we continue to learn and strengthen the use of these skills to solve our personal problems. We call these the *master skills* for responsible living, self-management, and change. There are three groups of skills:

- ▶ **Mental self-control skills that help use** thoughts, attitudes, and beliefs that lead to positive outcomes. We worked on these skills in Session 1.
- ▶ **Relationship responsibility skills help us think and act in a way that lead to positive outcomes** in our relationships with family members and others in our life.
- ▶ **Community and society responsibility skills that help us have a responsible and positive relationship with our community and society—we call these prosocial skills.**

Table 2.1, page 34, gives you the master skills list, divided into the three groups. An important part of growth and change is self-evaluation. At the end of many DWC Therapy sessions, you are asked to update the list by

- ▶ writing in the date you worked on the skill;
- ▶ rating your level of mastery in using the skill; and
- ▶ reevaluate and update your level of mastery on skills you learned.

For example, one skill is using the CB Map. Write in the date that you first learned that skill. Then, rate your level of mastery or how well you can use the CB Map for self-management and change. You will then review your mastery of this skill from time to time. The goal is for you to reach a “good” to “very good” level of mastery for all master skills.

Some of the master skills can provide self-management and change in both areas of your personal issues and our relationship with others and our community. For example, *preventing relapse skills* can improve responsibility toward others and toward society. *Empathy skills* can increase positive relationships with others and responsible actions in society.

**Exercise:** In Session 1, you worked on the CB Map skill Number 1 in Table 2.1, Master Skills List, page 34. Put the date you attended Session 1 and rate your mastery level on this skill.

### C. THE MASTER PROFILE (MP): TOOL FOR SELF-ASSESSMENT

Using Worksheet 3 that you completed in Session 1, which lists problem areas for you to work on during DWC therapy, complete or update the MP, Worksheet 4, page 35. This profile helps you to see the areas that you will be working on during this therapy program. If you completed the MP in DWC Education, use that MP to update the MP in Worksheet 4. The MP areas are as follows:

- ▶ Your patterns of AOD use and abuse
- ▶ Impaired driving problems and risk
- ▶ Your thinking, feeling, and attitude patterns
- ▶ Problems of childhood and youth
- ▶ Your life situation problems and conditions
- ▶ Your motivation for treatment and readiness for change

**Exercise:** Build your MP by completing Worksheet 4, pages 35–37. Your counselor will complete an MP on you and during an individual session compare it with the one you completed.

### D. THE MASTER ASSESSMENT PLAN: TARGETS FOR CHANGE

Use the MP to build your MAP that gives you a plan and targets for change. It guides your involvement in DWC Therapy. It helps you see the specific problem areas and conditions that you need to work on and change.

**Exercise:** Complete the MAP in Worksheet 5, pages 38–41. At some point after this session, you will then have an individual session with your counselor to go over your MP and MAP and then using this information, your counselor will develop an individual treatment plan (ITP) based on your MAP for his or her use in guiding you through your therapy program. You will add to and update your MAP while in DWC Therapy. This is *your* individual service/treatment plan. If you were in DWC Education and completed the MAP, then use your DWC Education Workbook in completing Worksheet 5.

## E. TOOLS FOR DIRECTING CHANGE

There are three parts to our mental life: *memories, the here-and-now, and our dreams*. We use five tools to look at these three parts of our mental life and review our history, monitor what happens to us in the here-and-now, and make choices about our future.

### 1. Your Autobiography

Your autobiography is based on your memories, which are the basis of your history. Our memories come from how we chose to live each day, how we really live each day, and how we choose to handle what happens to us. This process determines our future. You are asked to write your *autobiography* over the next 6 to 8 weeks based on your memories. The autobiography describes our roots and our past experiences. Not all of our history and roots are pleasant. But it is important that we look at both the unpleasant and the pleasant, the negative parts as well as the positive parts of our history. This is why it is not easy to write your autobiography. But it is important in your effort to make changes in your life.

If you have already written your autobiography, do not do it over. Read it again. Add any parts of your history that are not included. We also want you to write about your future. You are asked to write your autobiography in a separate notebook using this outline:

- ▶ Describe the family you grew up in.
- ▶ Describe your childhood from first memories through teen years.
- ▶ Describe your adult years including your education, jobs, marriage(s), and interests.
- ▶ Then, write a history of your DWI behavior, to include when you first started impaired driving, how often and under what situations.
- ▶ Write your history of AOD use. Begin with your first use of AOD.
- ▶ Describe what brought you into this program.
- ▶ Now, write about your future. Dreaming, setting goals, and planning are the maps of living.

### 2. Your Thinking Reports

The Thinking Report captures your *response to the here and now*. A Thinking Report will help you to pay attention to your thoughts, feelings, beliefs, and your actions. Here are the five parts of the Thinking Report.

- ▶ **Event:** Describe in a few words the situation. Be factual and describe what you saw. Do not write thoughts or feelings.
- ▶ **Thoughts:** What thoughts do you remember? You do not have to explain or make excuses.
- ▶ **Feelings:** Make a list all the feelings you had: for example, nervous, angry, irritated.
- ▶ **Attitudes and beliefs:** What attitudes and beliefs are related to this event?
- ▶ **Outcome:** What was your action and behavior that came out of the event?

### 3. Your Re-Thinking Reports

Our Re-Thinking Report describes how we would change our responses to the events that we experience. It represents a guide for change and our plan on how we will handle future events. The Re-Thinking Report has the same parts as the Thinking Report, but it changes the thoughts, the feelings, beliefs, and actions from the Thinking Report to produce positive or good outcomes. You will be asked to do Thinking and Re-Thinking Reports either during your sessions or for homework.

### 4. Your Assessing Weekly Risk Exposure (AWRE) Monitoring Chart

There are situations, thought habits, and emotions that you have to face each day and that can put you at risk for relapse and recidivism. We call these *high risk exposures*. One of the most important parts of this program is to understand your high risk exposures for relapse and recidivism and to develop skills and make changes to handle these exposures. We take a close look at these in later sessions. However, we want you to be clearly *aware* of these risk exposures that you may face each week. In the back of this workbook, you will find Worksheet 58, Assessing Weekly Risk Exposure (AWRE) monitoring chart. Doing the AWRE chart each week will help you be aware and manage these high-risk exposures.

One of the agreements we ask you to make in DWC Therapy is to not use alcohol or other drugs (not prescribed by a doctor) while in the program. Using the numbers in each of the columns of the AWRE chart, here is what can happen to clients while in impaired driving education or therapy.

- 1) Many clients think about using AOD—high-risk thinking.
- 2) Many find themselves in a drinking or other drug use situation, such as the bar, with drinking friends.
- 3) Even though they agree not to drink or use drugs, they may “lapse” back into use or relapse back into a pattern of use.
- 4) During those lapses, they may find themselves thinking about driving.

Most clients in DWC Therapy will have (1) and (2) above happen to them. Some may have (3) or (4) happen to them. We ask you to monitor these four possibilities each week by using the AWRE charting. Be as honest as you can. If (1) and (2) happen to you, use the mental-behavioral skills to change the thinking or behavior and talk about this in your group. If (3) or (4) happen to you, put that on your AWRE monitoring chart. Then talk about it with your counselor and your group. Ask them to help you. Use the CB skills to change the thinking or behavior. Don't let it continue. This is for your safety and the safety of others.

One possible outcome not listed on your AWRE chart is that of driving after drinking or using drugs. We did not put that on your chart since we are expecting you not to do this. However, a few clients in impaired driving education and therapy do drink or use other drugs and drive. If that happens to you, we ask you to talk with your counselor about this. This is serious and critical to your change process and your goal of preventing relapse and recidivism. You and your counselor can decide how you can move forward to prevent this from happening again.

**Exercise:** At the beginning of each DWC Therapy session, group members will be asked to do their AWRE charting for the past week. However, the group is now asked to complete the AWRE for Week 1 in AWRE

Worksheet 58 at the back of the book pages 229–230. The group will be given a few minutes for questions or to share their thoughts about doing the AWRE charting.

## F. TOOLS FOR ASSESSING OR EVALUATING YOUR DWC THERAPY PROGRESS

- 1. DWC Session Progress Scale:** At the end of each session, you will be asked to rate yourself on the progress you think you made in the session.
- 2. Client Progress Report (CPR):** About half way through DWC Therapy, we will ask you to think back at the progress you have made during your therapy program by completing the CPR. Your counselor may sit down with you individually at this time or with those who have completed around half of DWC Therapy to go over your CPR and discuss how you see yourself doing in the treatment program. There are two copies of the CPR at the back of this workbook pages 231–234.
- 3. DWC Therapy Closure:** In your last therapy session, you will have a few minutes to share with the group the important changes you made while in DWC Therapy and also receive feedback from the group as to how members see your change process. You will also be asked to again complete the CPR and meet individually with your counselor to go over the progress you have made and any additional requirements you have to fulfill your service/treatment plan and legal requirements.

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## SESSION AND HOMEWORK ACTIVITIES

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- A. Complete Table 2.1.**
- B. Complete Worksheet 4, your MP on pages 35–37.**
- C. Complete Worksheet 5, your MAP or your treatment plan on pages 38–41.**
- D. Complete the DWC Session Progress Scale by rating yourself as to your understanding of the problem areas that you will be working on in DWC Therapy and which you put into your MAP.**

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

- E. Do your first AWRE (Assessing Weekly Risk Exposure) charting in the past week using the Week 1 row in Worksheet 58 at the back of this workbook page 229.**

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## CLOSURE

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Because of the amount of material in this session, for closure, each of you are asked to share with the group one thought you have about being in DWC Therapy.

**T A B L E 2 . 1**

**Master Skills List for Self-Management, Responsible Living, and Change:**  
 Put the date you started work on the skill and rate your mastery level.  
 Update your level of mastery after each session. Make Good to Very Good  
 your goal for each skill.

	DESCRIPTION OF SKILLS	DATE BEGAN	LEVEL OF SKILL MASTERY			
			POOR	FAIR	GOOD	VERY GOOD
<b>MENTAL SKILLS</b>	1. Cognitive behavioral map					
	2. Mental restructuring skills					
	3. Relaxation skills					
	4. Changing AOD use patterns					
	5. Preventing AOD problems					
	6. Managing urges/cravings					
	7. Changing negative thinking					
	8. Changing thinking errors					
	9. Managing stress/anxiety					
	10. Managing depression					
<b>RELATIONSHIP SKILLS</b>	11. Anger management skills					
	12. Reading non-verbal cues					
	13. Active sharing skills					
	14. Active listening skills					
	15. Starting a conversation					
	16. Giving compliments/praise					
	17. Receiving compliments					
	18. Problem-solving skills					
	19. Assertiveness skills					
	20. Close relations skills					
	21. Managing high-risk exposures					
<b>SOCIETY SKILLS</b>	22. Refusal skills					
	23. Preventing relapse					
	24. Lifestyle balance skills					
	25. Preventing recidivism					
	26. Prosocial skills					
	27. Strengthen moral character					
	28. Empathy skills					
	29. Conflict resolution skills					
	30. Negotiation skills					



**W O R K S H E E T 4**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOUR MASTER PROFILE (MP)**

**I. ALCOHOL AND OTHER DRUG USE ASSESSMENT**

**LEVEL OF INVOLVEMENT IN DRUG USE**

<b>YOUR QUANTITY/FREQUENCY OF USE</b>	<b>NONE OR LOW</b>			<b>MODERATE</b>				<b>HIGH</b>		
Alcohol involvement	1	2	3	4	5	6	7	8	9	10
Marijuana involvement	1	2	3	4	5	6	7	8	9	10
Cocaine involvement	1	2	3	4	5	6	7	8	9	10
Amphetamine involvement	1	2	3	4	5	6	7	8	9	10
Opiates/opioid involvement	1	2	3	4	5	6	7	8	9	10
Other drugs	1	2	3	4	5	6	7	8	9	10
<b>STYLE OF ALCOHOL/OTHER DRUG USE</b>	<b>NONE OR LOW</b>			<b>MODERATE</b>				<b>HIGH</b>		
Convivial or gregarious use	1	2	3	4	5	6	7	8	9	10
Solo or use by yourself	1	2	3	4	5	6	7	8	9	10
Sustained or continuous use	1	2	3	4	5	6	7	8	9	10
<b>BENEFITS OF AOD USE TO...</b>	<b>NONE OR LOW</b>			<b>MODERATE</b>				<b>HIGH</b>		
Cope with social discomfort	1	2	3	4	5	6	7	8	9	10
Cope with emotional discomfort	1	2	3	4	5	6	7	8	9	10
Cope with relationships	1	2	3	4	5	6	7	8	9	10
Cope with physical distress	1	2	3	4	5	6	7	8	9	10
<b>NEGATIVE CONSEQUENCES OF USE</b>	<b>NONE OR LOW</b>			<b>MODERATE</b>				<b>HIGH</b>		
Behavioral disruption from use	1	2	3	4	5	6	7	8	9	10
Emotional disruption from use	1	2	3	4	5	6	7	8	9	10
Physical disruption from use	1	2	3	4	5	6	7	8	9	10
Social irresponsibility from use	1	2	3	4	5	6	7	8	9	10
Overall negative consequences	1	2	3	4	5	6	7	8	9	10
<b>CATEGORIES OF AOD USE PROBLEMS</b>	<b>NONE OR LOW</b>			<b>MODERATE</b>				<b>HIGH</b>		
Drinking/drug use problem	1	2	3	4	5	6	7	8	9	10
Problem drinker or drug use	1	2	3	4	5	6	7	8	9	10
Substance use disorder (mild)	1	2	3	4	5	6	7	8	9	10
Substance use disorder (moderate/severe)	1	2	3	4	5	6	7	8	9	10

**WORKSHEET 4**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTINUED**

**II. IMPAIRED DRIVING ASSESSMENT**

AREAS OF IMPAIRED DRIVING PROBLEMS AND RISK	LEVEL OF PROBLEM SEVERITY									
	NONE OR LOW				MODERATE				HIGH	
Blood alcohol concentration and/or other drug level at time of arrest	1	2	3	4	5	6	7	8	9	10
Disruption to your lifestyle	1	2	3	4	5	6	7	8	9	10
Bodily injury to yourself	1	2	3	4	5	6	7	8	9	10
Bodily injury to others	1	2	3	4	5	6	7	8	9	10
Property damage including car	1	2	3	4	5	6	7	8	9	10
Overall problems from DWI	1	2	3	4	5	6	7	8	9	10
Overall driving risk	1	2	3	4	5	6	7	8	9	10

**III. ASSESSMENT OF THINKING, FEELING, AND ATTITUDE PATTERNS**

THINKING, FEELINGS, TRIGGERS, AND ATTITUDE PATTERNS THAT CAN LEAD TO DWI BEHAVIOR/CONDUCT	LEVEL OF PROBLEM SEVERITY									
	NONE OR LOW			MODERATE				HIGH		
Blame others for problems	1	2	3	4	5	6	7	8	9	10
Victim stance	1	2	3	4	5	6	7	8	9	10
Careless; don't care	1	2	3	4	5	6	7	8	9	10
Think you are better than others	1	2	3	4	5	6	7	8	9	10
Irresponsible thinking	1	2	3	4	5	6	7	8	9	10
Act without thinking	1	2	3	4	5	6	7	8	9	10
Angry and aggressive thinking	1	2	3	4	5	6	7	8	9	10
Feeling depressed and sad	1	2	3	4	5	6	7	8	9	10
Rebellious against authority	1	2	3	4	5	6	7	8	9	10
Time with drinking friends	1	2	3	4	5	6	7	8	9	10
Friends angry at laws and society	1	2	3	4	5	6	7	8	9	10
Conflict with spouse/family	1	2	3	4	5	6	7	8	9	10
Second home at bar	1	2	3	4	5	6	7	8	9	10
Having bad/unpleasant feelings	1	2	3	4	5	6	7	8	9	10
Loss of self-importance	1	2	3	4	5	6	7	8	9	10
Loss of someone important	1	2	3	4	5	6	7	8	9	10

**IV. BACKGROUND: PROBLEMS OF CHILDHOOD AND DEVELOPMENT**

PROBLEMS IN CHILDHOOD AND TEENAGE YEARS	LEVEL OF PROBLEM SEVERITY									
	NONE OR LOW			MODERATE				HIGH		
Teenage alcohol/drug use	1	2	3	4	5	6	7	8	9	10
Problems with law during teens	1	2	3	4	5	6	7	8	9	10
Problems with parents/family	1	2	3	4	5	6	7	8	9	10
Emotional-psychological	1	2	3	4	5	6	7	8	9	10
School adjustment problems	1	2	3	4	5	6	7	8	9	10
Physical illness in childhood	1	2	3	4	5	6	7	8	9	10

**V. CURRENT LIFE SITUATION PROBLEMS**

AREAS OF ADULT PROBLEMS	LEVEL OF PROBLEM SEVERITY									
	NONE OR LOW			MODERATE				HIGH		
Job and employment problems	1	2	3	4	5	6	7	8	9	10
Financial and money problems	1	2	3	4	5	6	7	8	9	10
Unstable living situation	1	2	3	4	5	6	7	8	9	10
Social-relationship problems	1	2	3	4	5	6	7	8	9	10
Marital-family problems	1	2	3	4	5	6	7	8	9	10
Emotional-psychological	1	2	3	4	5	6	7	8	9	10
Problems with the law	1	2	3	4	5	6	7	8	9	10
Physical health problems	1	2	3	4	5	6	7	8	9	10

**VI. MOTIVATION AND READINESS FOR TREATMENT**

AREAS OF ADULT PROBLEMS	LEVEL OF PROBLEM SEVERITY									
	NONE OR LOW			MODERATE				HIGH		
Awareness of AOD problem	1	2	3	4	5	6	7	8	9	10
Awareness of DWI problem	1	2	3	4	5	6	7	8	9	10
Acknowledge need for help	1	2	3	4	5	6	7	8	9	10
Willingness to accept help	1	2	3	4	5	6	7	8	9	10
Willingness for Level II Therapy	1	2	3	4	5	6	7	8	9	10

**W O R K S H E E T 5**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**The Master Assessment Plan (MAP)****I. ALCOHOL AND OTHER DRUG USE PROBLEM AREAS**

<b>PROBLEM AREA AND DESCRIPTION</b>	<b>CHANGES NEEDED IN THOUGHT AND ACTION</b>	<b>PROGRAMS AND RESOURCES TO BE USED TO MAKE CHANGES</b>	<b>DATES WORKED ON</b>

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**II. IMPAIRED DRIVING PROBLEMS**

<b>PROBLEM AREA AND DESCRIPTION</b>	<b>CHANGES NEEDED IN THOUGHT AND ACTION</b>	<b>PROGRAMS AND RESOURCES TO BE USED TO MAKE CHANGES</b>	<b>DATES WORKED ON</b>

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**III. THINKING, FEELING, TRIGGERS, AND ATTITUDE PATTERNS THAT LEAD TO DWI BEHAVIOR AND CONDUCT**

<b>PROBLEM AREA AND DESCRIPTION</b>	<b>CHANGES NEEDED IN THOUGHT AND ACTION</b>	<b>PROGRAMS AND RESOURCES TO BE USED TO MAKE CHANGES</b>	<b>DATES WORKED ON</b>

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**IV. CURRENT LIFE SITUATION PROBLEMS**

PROBLEM AREA AND DESCRIPTION	CHANGES NEEDED IN THOUGHT AND ACTION	PROGRAMS AND RESOURCES TO BE USED TO MAKE CHANGES	DATES WORKED ON

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CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

