A Substance-Abuse Based Coping Mechanisms Workshop Delivered to Recently Released Male Offenders
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DEDICATION
I wish to dedicate this thesis to my family, because without your financial support and loving encouragement, none of this would be possible.
ABSTRACT

Coping strategies have recently materialized as an effective cognitive behavioural treatment approach for substance abuse disorders (Sugarman, Nich & Carrol, 2010). As many as 80% of offenders in the federal system are substance abusers (Varis, Lefebvre, & Grant, 2005). The present study implemented a three-session workshop over six weeks and focused on teaching substance abuse related coping mechanisms to three residents of the John Howard Society. The workshop consisted of three sessions: adhering to cravings, stress management and refusal skills / goal setting. The workshop was delivered to the residents in the agency boardroom every other week for six weeks; each session was conducted for half an hour to an hour. The participants completed the coping strategies scale (CSS) as a pre- and post- measure to assess substance abuse use; it was also used to assess current coping mechanisms. It was hypothesised that the implementation of a coping skills workshop targeting addictions would increase the coping ability of the participants involved. The workshop aimed to increase the participant’s coping mechanisms by providing strategies to cope with cravings, appropriately manage stress and build refusal skills. The results of the CSS pre- and post-test reflected a trend indicating a modest overall improvement in mean scores from pre- to post-measures. These mean score improvements suggest that the participants’ coping mechanisms were improved after completing the workshop. Limitations in the current study include a small group size due to constant inconsistencies in living arrangements of the residents. Future recommendations involve the use of a larger group size, attainable by combining the three small sessions into a larger one. Future implementers should also cover more information per session, lengthening the duration of sessions.
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CHAPTER I: INTRODUCTION

Research continues to show evidence of a strong connection between substance abuse and offending. (Phillips, 2010). Over 95% of offenders within the prison system reported being under the influence of illegal drugs and or alcohol on the day of their criminal offence (Weekes, Thomas, & Graves, 2004). The biggest substance abuse concern is not seen on the streets, but in provincial and federal prison systems across the world (Weekes, Thomas, & Graves, 2004). The high percentage of substance abusers in the prisons system results in substance abusers readjusting into society; for example, Lynch & Sabol (2001) report as many as 585,000 substance abusers readjusting into society in 2000 (Phillips, 2010). The increase in recently released offenders into society with substance dependence necessitates an increased level of treatment available to those seeking help for their addiction (Phillips, 2010). A study conducted by Phillips (2010) discovered that offenders reported their biggest barrier to a crime free lifestyle as being their addiction. The participants reported continued addiction treatment to be imperative to their success upon release.

As far as treatment is concerned, cognitive behavioural therapy (CBT) is a preferred choice by helping professionals. CBT- is considered successful by teaching negotiation skills assisting the addict in preventing a relapse (Lewis, Dana, & Blevins, 1994). Common CBT- treatments for addiction focus on targeting coping abilities to prevent relapse; these treatments address changing thought processes and altering behaviour (Stewart & Conrod, 2005 as cited in Monakes et al, 2011). Most commonly, CBT- focuses on improving coping mechanisms by specifically targeting cravings, refusal skills, emotional regulation and stress management (Litt, Kadden, Cooney & Kabela, 2003).

Therefore, the above research supports the hypothesis that implementing a CBT- focused coping skills workshop targeting areas substance abusers find to be the most challenging will improve their ability to cope in situations where relapse is likely. The purpose of the present study is to test this hypothesis, by developing and implementing a workshop that aims to increase the participants’ ability to cope in high-stress situations, where substance abuse cravings, temptation and related stress exist.

The workshop will consist of three CBT- based sessions; the first focusing on teaching coping skills to address cravings, the second will target stress management techniques and the third will focus on refusal skills and goal setting. Each session will be an hour in length and will take place in the board room at the John Howard Society of Kingston.

For purposes of this study, substance abuse was defined as: a maladaptive pattern of using, that results in distress or impairment and involves at least three of the following symptoms; tolerance, inability to withdraw, use longer than intended, inability to control or reduce consumption, an excess in time consumed by the drug, reduction in social, occupational or recreational activities, and continued use despite awareness of a problem (Van Wormer & Davis, 2003).
CHAPTER II: LITERATURE REVIEW

ADDICTIONS

Addiction has been referred to as a self-destructive behaviour with a pharmacological factor; most commonly an addiction triggers responses such as cravings, symptoms of withdrawal and an increased tolerance (DiClemente, 2006). Substance dependence is derived from a presence of a maladaptive pattern of use, which causes impaired functioning to the user. A maladaptive pattern of use must accompany increased tolerance, inability to withdraw use, prolonged use, and inability to decrease or stop use despite awareness of a problem; in most cases these impairments will be present occupationally, socially and recreationally (Van Wormer & Davis, 2003). In the past, addictions were thought to be treated most effectively by spiritual and religious methods (Margolis & Zweben, 1998). Those suffering with an addiction were considered sinners with lack of willpower (Margolis & Zweben, 1998). Recently, addiction has expanded its definition to include a broad range of behaviours that include an appetitive nature, compulsivity, self-destruction and difficulty to decrease or stop (Oxford, 1985 as cited in DiClemente, 2006). The most abused substances, according to the APA, are alcohol, drugs and tobacco (Van Warmer & Davis, 2002).

The economic costs to society are significant; in 2002, the Canadian Centre on Substance Abuse determined that on average 23 billion dollars are spent on the health, economic and social factors of substance abuse (Perron & Pietersen, 2005). It is estimated that 32 million American’s are suffering from an addiction (James & Gilliland 2005, as cited by Capuzzi & Stauffer, 2008). Furthermore, a large number of people within the prison system are among those with a drug or alcohol dependency (Muzinic, Penic, Vukota, & Palijan 2011). According to the US Department of Justice (2005), one half of convicted offenders were under the influence of drugs or alcohol at the time of their offence (as cited by Monakes, Garza, Wiesner & Watts 2001). The same study found that 68% of inmates and 75% of property or drug offenders met the DSMV criteria for substance dependence (Monakes et al., 2011). 70 to 80% of offenders are imprisoned for drug related crimes and are not receiving drug related programming (Kastelic, 2007 as cited bin Muzinic et al, 2011). Drugs and alcohol are among the world’s most serious and costly problems. Violence, injury, abuse, sexually transmitted diseases, unplanned pregnancy, accidents, school failure, homelessness, and increased health care costs are all problems that exist as a result of drugs and alcohol (National Clearinghouse for Alcohol and Drug Information, 1995, as cited by Margolis & Zweben, 1998). Only recently has alternative addiction treatments emerged (Margolis & Zweben, 1998). Addictions are said to be a product of ineffective coping mechanisms (DiClemente, 2006). An inability to cope with life stressors can lead an addict to find escape in their substance; substance abusers use their addiction as an alternative form of coping when faced with an event that produces stress. Rather than coping with a stressful event, abusers rely on their addiction as a form of relief to manage their stress (DiClemente, 2006). Substance dependence is a serious psychiatric condition that requires treatment and rehabilitation to prevent relapse (Sinha & Easton, 1999).

SUBSTANCE USE IN THE PRISON SYSYEM

Using and abusing substance’s within correctional facilities is an ongoing problem federally, provincially and territorially throughout Canada; as many as 80% of people are identified as having substance abuse or dependency at the time of incarceration (Varis, Lefebvre, & Grant, 2005. Over 51% of those addicted are using alcohol problematically (Varis, et al., 2005). The federal drug offender population continues to rise, 5,558 offenders (one quarter of total federal population) were said to be serving drug sentences in federal institutions (Motuik &
Vuong, 2001). Saskatchewan identifies 93% of their offenders as being substance abusers (Weekes, Thomas, & Graves, 2004). The escalation of offenders with substance abuse issues are a direct cause of an increase in the drug population within correctional facilities (Motuik & Vuong, 2001). In 2005, The Correctional Services of Canada determined there were 2,934 drug offenders on conditional release; this number represented over 30% of federal offenders on conditional release (Varis, Lefebvre, & Graves, 2005).

RECIDIVISM AND SUBSTANCE ABUSE

In the past, the research literature has brought attention to the relationship between substance abuse and offending (Phillips, 2012). Involvement with alcohol and drug substances heightens the likelihood of disregarding the law (Sinha & Easton, 1999). The recent popularity of illicit drugs has led to an increase in drug related convictions (Sinha & Easton, 1999). According to Singa & Easton, 70% of arrestees are found to have illegal substances in their system; of those arrestees under the influence of a substance, most are considered substance dependent. Prisons are reported as having the highest per-capita percentage of substance abuse issues in society, in fact, significantly higher in prisons than on the street (Weekes, Thomas, & Graves, 2004). It is strongly believed that criminal offending occurs most frequently in the acute intoxication phase (Sinha & Easton 1999). In 2002, Beck proposed that recently released offenders will likely encounter difficulties in the area of substance abuse as 73.6% of offenders in the system have substance related crimes (Phillips 2010). 97% of offenders incarcerated report using on the day of their offence (Weekes, Thomas, & Graves, 2004).

According to the Canadian Centre on Substance Abuse, nearly 70% of offenders on release will receive a suspension involving drugs and/or alcohol (Weekes, Thomas, & Graves, 2004). Offenders with substance abuse have more prison sentences when compared to those who do not use drugs and/or alcohol (Phillips, 2010). This supports the notion that persons with addictions have higher rates of recidivism (Belenko et al., 2002 as cited in Phillips, 2010). Over 50% of all Canadian federal offenders feel that a substance was either directly or indirectly associated with their criminal offending (Weekes, Thomas, & Graves, 2004).

A study conducted by Phillips (2010) found that 15 out of the 20 participants involved believed their return to prison was a direct result of their addiction and using patterns. They identified addiction as their barrier to a crime-free lifestyle. One of the participants was reported saying “I don’t cope. I did when I was younger, but once I found a drug, I just ran to it... Every time I have a problem, it solves it (Phillips, p.17). Another stated “...I didn’t really handle it...I could have handled it. I should have, but I didn’t. If I don’t feel like coping or dealing, I take Xanax. I don’t really cope. I just use” (Phillips, p.17). The participants conveyed the biggest barrier to abstaining from their substance was the impact of cravings. The participants lacked the ability to cope with high intensity cravings. Furthermore, the participants of the study all reported continuation of treatment after release was crucial to their success of a substance free lifestyle. Since the participants reported engaging in substance abuse to manage stressors, it is recognized that teaching stress management and coping mechanisms will be beneficial to this specific population. The increase in persons reintegrating into society from 170,000 in 1980 to 585,000 in 2000 suggests that treatment for recently released offenders is imperative, now more than ever (Lynch & Sabol, 2001 as cited in Phillips, 2010). Offending that occurs in conjunction with substance use in addicted clients demonstrates the demand for treatment programming and rehabilitation services that are effective in the management of addictions (Sinha & Easton, 1999).
COPING SKILLS & COGNITIVE BEHAVIOURAL THERAPY

Coping skills have been deemed successful in preventing relapses by allowing the abuser to negotiate their situation prior to relapsing (Lewis, Dana, & Blevins, 1994). Many treatment plans for addictions and relapse prevention have recently been formed on the basis of cognitive behavioural therapy and focus on individuals coping abilities (Marlatt & George, 1984; Marlatt & Gordon 1985, as cited in Litt, Kadden & Stephens, 2005). Addictions rehabilitation programs are commonly associated with cognitive behavioural therapy and focus on altering thoughts and behaviour (Stewart & Conrod, 2005 as cited in Monakes et al, 2011). A number of behavioural therapies are currently used in the treatment of substance abuse (Straussner, 2012). Cognitive behavioural therapy is currently listed as one of the most effective addiction treatments (Straussner, 2012). CBT- sessions for substance abuse typically includes skills needed for high risk situations such as controlling cravings, refusal skills, taking control of emotions, and stress management (Litt, Kadden, Cooney & Kabela, 2003). A study by Litt, Kadden, Cooney & Kabela (2003) used the principles of cognitive behavioural therapy and the coping skills treatment manual in a group setting to train participants to cope with high risk relapse situations (Monti, Abrams, Kadden & Cooney, 1989, as cited in Litt et al, 2003). The specific skills taught focused on drink refusal, coping skills, and coping with cravings (Litt et al, 2003). CBT- recognizes that individuals possess the capability of influencing their own behaviour (Merbaum & Rosenbaum, 1980, as cited in Sugarman, Nich & Carrol, 2010). CBT- identifies and puts emphasis on recognizing one’s own ability to cope in high-stress situations and addresses them as circumstances leading to relapse (Marlatt & Gordon, 1985, as cited in Sugarman, Nich & Carrol, 2010). CBT- allows people to actively engage in their lifestyle change, providing rewards for being drug free, and promoting attitude and behaviour change, while increasing coping skills to effectively manage cravings (Straussner, 2012). According to Straussner CBT- is one of the most agreed-upon approaches in treating for substance abuse.

The main approach for CBT- and substance abuse disorders is to teach clients to recognize these high risk situations and teach strategies to cope with the compulsion (Sugarman, Nich & Carrol, 2010). First, CBT- addresses an individual’s deficits to cope in high risk situations and second, by recognizing the deficits that exist, teach and practice a number of skills that focus on increasing confidence and self-efficacy with the intent to remain abstinent in high risk situations (Litt, Kadden, & Stephens, 2005). CBT- allows clients to weigh the costs and benefits of being an addict; CBT- addresses the need to acknowledge substance-seeking thinking patterns and teaches to recognize high-risk situations leading to relapse (Straussner, 2012). In high-stress situations, people experience feelings of uncertainty and thus attempt to reduce or find closure from their anxiety. If high-risk situations are identified, it is likely a plan to manage can be executed to reduce the tension of the situation, thus decreasing the occurrence of relapse (Capuzzi & Stauffer, 2008). Relapses occur as a result of lack of planning for high-risk situations, with a management plan relapses can be avoided (Capuzzi & Stauffer, 2008). Much like the study conducted by Litt et al, (2003) Litt, Kadden & Stephens (2005) completed a study by directing their sessions on coping with urges and cravings, problem solving, refusal skills, planning for emergencies, and preventing relapse. Previous studies, such as one conducted by Litt et al., (2003) have used didactic presentations, group problem solving and role-play to effectively teach and practice coping skills. Certain treatment techniques have been considered successful in association to substance abuse disorders; problem-solving, coping skills training, and stress management training are effective treatments for substance addictions (Weekes, Thomas, & Graves, 2004). Furthermore, programs targeting skill development, cognitive-
behavioural approaches, relapse prevention, and attention to maintenance and relapse are of the most successful techniques in treating substance abuse (Weekes, Thomas, & Graves, 2004).

CRavings
Eliminating all contact with people, places and situations that cause cravings is not realistic. Thus, it is imperative to learn to recognize and manage these cravings as they arise. The following five techniques have been considered useful in managing cravings to prevent relapse: distraction, remembering why you don’t use, talking through the craving, letting go – feeling the craving, and reducing the power of the inner voice (“5 techniques for”, n.d.). Distracting yourself with another pro-social activity is a way of avoiding a relapse. Craving temporarily causes people to forget their reasons for stopping use, so reminding yourself of the reasons you stopped using is effective in avoiding relapse. It is recommended that the individual struggling with substance abuse writes a list of reasons for remaining abstinent, as a constant reminder of your goals to remain sober. Talking about your cravings with someone you trust is another way of working through a craving. This technique can be successful in gaining reinforcement and empowerment over the craving. Letting yourself experience the craving by using an abstract imagination is also said to be successful in letting go of a craving. The final technique to diminish a craving is to reduce the power of the inner voice. This technique includes translating what your inner voice is telling you into a more positive, manageable statement. The techniques discussed above, as well as others not mentioned, are incorporated and taught as central aspects of cognitive-behavioural therapy.

STress Management
Stress is defined as a process that involves perception and interpretation, and requires responding and adapting to negative events (Lazarus and Folkman, 1984, as cited in, Sinha, 2001). The majority of theorists agree that stress levels and drug use are correlated (Sinha, 2001). Researchers propose that both acute and chronic stress levels effect motivation to abuse substances (Thomkins, 1966; Russel and Mehrabian, 1975; Leventhal and Cleary, 1980; Shiffman, 1982; Marlatt and Gordon, 1985; Willis and Shiffman, 1985; Koob and Moal, 1997, as cited in, Sinha, 2001). The stress-coping model suggests that abusing substances reduces the negative affect and increases the positive affect, reinforcing drug taking behaviour (Shiffman, 1982; Willis and Shiffman, 1985, as cited in Sinha, 2001). Marlatt’s relapse prevention model suggests that individuals who lack coping mechanisms are more likely to have substance addictions (Sinha, 2001). Similar theories propose that people abuse substances to improve mood and alleviate stress (Conger, 1965; Sher and Levenson, 1982, as cited in, Sinha, 2001); the motivation to enhance mood and reduce tension creates a substance abuse issue (Sinha, 2001). Also, evidence from animal studies suggests that early experiences of stressful events may create a predisposition to develop a higher vulnerability to drug use (Sinha, 2001).

Refusal Skills
Two types of social pressures exist in regards to substance abuse (“Building your drink”, n.d.”). Direct social pressure arises when someone offers another an opportunity to drink and or abuse drugs. Indirect social pressure occurs when an abuser feels a temptation to use simply by being associated with others, who are using. For persons recovering from an alcohol or drug addiction, developing refusal skills allows better preparation of resisting temptation when encountering a tempting situation (“Drink Refusal Skills”, n.d.). Refusal skills are an important component to remaining abstinent. As part of a follow-up study, the Department of Psychology at Washington State University assessed the effectiveness of drink abstinence as a component of COMBINE, a study that combined pharmacotherapy with behavioral intervention in the treatment of alcohol
dependence (Witkiewitz, Donovan, & Hartzler, 2012). Participants of the study had the opportunity to adequately handle stress-producing situations without alcohol by implementing refusal skills (Witkiewitz, Donovan, & Hartzler, 2012). Participants who received drink refusal training showed a greater increase of refusing to remain abstinent (Witkiewitz, et al., 2012). One drink refusal theory suggests that individuals who possess refusal skills have improved self-efficacy, possibly due to cognitive changes that result from refusal training (Witkiewitz, Donovan, & Hartzler, 2012). Avoiding obvious situation like parties is vital in the recovery process, but it is not always enough (“Building your drink”, n.d.”). Refusing drugs and or alcohol is a skill that requires practice, thus participation in model situations is an effective way of increasing those skills (“Building your drink”, n.d.”). In order to improve your ability to remain sober, it is important to be able to recognize your own personal triggers. Being able to identify situations that act as a trigger is an essential part of the recovery process and is necessary to remain abstinent. As avoiding situations that produce temptation is not always possible, the next best mechanism in resisting temptation is to be clear and assertive when refusing an offer for drugs and or alcohol (“Building your drink”, n.d.”). Oftentimes, an assertive “no” will be adequate enough to refuse an offer. It is imperative to be clear and concise when refusing and avoid long-drawn out answers and explanations for (“Building your drink”, n.d.”). (Uncertainty in your voice allows for more offered opportunities and a greater likelihood of giving in to temptation (“Building your drink”, n.d.”). A study conducted by the National Institute on alcohol abuse and alcoholism (NIAAA) evaluated specific treatments such as CBT- to determine their effectiveness in refusal skills (Witkiewitz, Villarroel, Hartzler, & Donovan, 2011). Results yielded that refusal skills were associated with a lower likelihood of drinking (Witkiewitz, Villarroel, Hartzler, & Donovan, (2011).

GROUP TREATMENT

Specific benefits arise when addicts are treated in a group environment. Delivering addictions treatment in a group setting decreases the amount of denial between members (Zweben 1996 as cited in Capuzzi & Stauffer, 2008). A group approach allows participants to practice social skills and allows for self-disclosure which is effective in the recovery process (Capuzzi & Stauffer, 2008). A group setting also allows for confrontation of maladaptive thinking patterns and behaviour by other participants (Weiaa, et al., 2004 as cited in Capuzzi & Stauffer, 2008). Miller (2005) noted that the power of a group and the ability to learn more yourself has led group treatment to be the number one treatment method for addictions. Group interaction leads to improved social supports and confrontation of maladaptive behaviour and thought processes. Group treatment is also effective when the persons involved are working towards the same goal; the support and enthusiasm of others in a group setting is effective in motivating clients to succeed. Group treatment and group activity are considered the primary method of treating additions (Margolis & Zweben, 1998). In fact, individual treatment is considered ineffective for the treatment of addictions. Treating addictions in a group setting not only allows for a more beneficial treatment plan for participants, but allows for more addicts to be treated by helping professionals.

SUMMARY

The correlation between addiction and criminal offending continues to be empirically supported (Phillips, 2010). Research suggests that substance abuse is most prominently seen within the prison system, with a high percentage of inmates claiming their biggest barrier to a crime free lifestyle being their addiction (Weekes, Thomas, & Graves, 2004. In the treatment of addiction, CBT- remains as one of the most supported forms of treatment (Marlatt & George,
Common CBT-sessions for treating addiction include refusal skills, coping skills, and addressing cravings (Litt *et al.*, 2003). With the success of previous studies implementing CBT-group sessions to treat addiction it was presumed a similar CBT-approach would be successful in addressing the coping skills of the participants involved in the workshop.

CHAPTER III: METHOD

PARTICIPANTS

The participants of the study consisted of male residents of the John Howard Society, Transitional house. The residents are released offenders who served time in the region, either provincially or federally. The participants reside at the agency as part of their parole or probation conditions or by choice to progress towards a positive lifestyle change. It is the agency’s aim to create an effective, just and humane response to crime and its causes. The three participants range in age from 34 to 43 years of age. To participate in the informational workshop the participants were selected based on current or prior association to substances as indicated by a file review or by recommendation by the case manager. For the purposes of this workshop, a substance abuse issue will be specific to illegal drugs and or alcohol. To obtain consent from the candidates, a consent form (Appendix A) was designed to explain the purpose of the workshop. The consent form also detailed the risks and benefits of participating, the protocol followed if negative reactions occur, and contact information for questions and concerns. The consent form also highlighted the option to withdraw from the study at any time without consequence. For the purpose of adhering to ethical guidelines, the St. Lawrence Research Ethics Board has reviewed the consent form and approved this study.

DESIGN

This current study was delivered in a three-session workshop format. The participants will gather to listen and actively participate in each session. The data obtained will come from the Coping Strategies Scale (CSS) (Appendix B) which will be visually displayed on a graph. The graph will compare the overall mean of scores obtained from the original CSS taken prior to participation to the overall mean of scores obtained after participation in the workshop. The scores will be compared to determine whether there was a change in scores between the pre- and post-tests.

For this study, substance dependence is defined as: a maladaptive pattern of use, resulting in distress or impairment and involving at least three of the following symptoms: tolerance, problems withdrawing, use of substance longer than intended, inability to control or reduce, an excess in time consumed by the drug, reduction in social, occupational or recreational activities, and continued use despite presence of a problem (Van Wormer & Davis, 2003).

SETTING

The workshop will occur at the John Howard Society in Kingston, Ontario. Sessions will be held in the boardroom at the agency. In each session the participants will receive handouts detailing the topics covered in that session. Pens and pencils will be provided for the participants. The participants will also be supplied with coffee and doughnuts at each session.

MEASURES

The Coping Strategies Scale (Appendix B) has been adapted from the Process of Change Questionnaire (DiClemente & Prochaska, 1998) which was originally designed to measure changes in smoking behaviour. The original CSS- was developed to assess ten change processes.
in smoking. The 40 item CSS was adapted to be used with alcohol dependence, 19 additional items were further added to assess coping skills. The CSS was further adapted by the author, by eliminating the reliability measure and measuring strictly the mean scores between a pre- and post-test of the participants. The participants completed all 59 questions on the scale. The measure used a 4-point scale that ranged from 1(never) to 4(frequently) to reflect their level of coping ability. Coping was measured by taking the mean from all 59 responses. The mean from the original pre-test measure was compared to that of the post-test measure completed during the final workshop session. This comparison was used to decide if a changed occurred between the pre and post-test measures. It also helped determine the effectiveness of the workshop.

PROCEDURES

The participants were contacted prior to the first workshop session. They were informed of the workshop and presented with the consent form (Appendix A) and information prior to decision to participate. This ensured they knew fully the purpose and intentions of the workshop and what participation would include. The decision to participate for each individual was made after carefully reading the consent form. During the first session the participants signed and submitted their consent forms and an overview of the session was discussed. The purpose of the CSS- was outlined and then completed by the participants. Each session will involve a lecture, discussion and many opportunities to participate. Each session will also include handouts and worksheets describing the skills to practice that were taught during that specific session. Throughout the duration of the workshop, the author will be in contact with the participants, discussing the time and date of the upcoming session and informing the participants of what to expect. The author will also be checking in with them afterwards to assess whether or not they are employing skills discussed in session.

Workshop Content

Adhering to cravings was the focus of the first session. (Appendix C). The session began with an overview of a craving, the definition of a craving and the effects it has on an addict. The client discussed their current coping strategies and how they currently respond to cravings. Afterwards, six distraction methods were discussed to employ when experiencing a craving. Before the participants were dismissed, they completed The Evaluation Questionnaire for Coping with Cravings and Difficult Situations through Distraction (CCCDS 2) (Appendix D).

The second session used a similar approach; it focused on stress management (Appendix E) and began with a definition of stress. Participants completed the Coping Skills and Habit Worksheet (Appendix F) which asked questions about their coping strategies for stress. Afterwards, the session discussed the ways stress affects a person and the connection between stress and relapse. It concluded with ways to appropriately manage stress and the Developing Effective Coping Strategies worksheet (Appendix G).

The third session took a refusal skills and goal setting focus (Appendix H). The session discussed forms of pressure, a definition of refusal skills and common strategies for refusing. The second half of the session focused on goal setting, having the participants create 1-year, 5-year and 10-year goals (Appendix I). The importance of goals was discussed and the participants shared their personal goals. During the third and final session the participants completed the CSS measure once again. Once completed, the participants received a certificate (Appendix J) stating completion of the workshop. The certificate was signed by the facilitator and the agency supervisor.
CHAPTER IV: RESULTS

The participants in the study participated eagerly and stated to John Howard staff that this type of programming has been beneficial to their sobriety in the past. They exhibited willingness to attend sessions and participated actively in discussions and the completion of worksheets. Though subjects had completed treatment programs with similar session topics in the past, they expressed an interest in reviewing topics such as coping skills, cravings and stress management in order to improve their knowledge and ability to cope. The participants believed that reviewing important topics of coping could only improve their ability to attain a drug and or alcohol free lifestyle. Upon completing the CSS before programming began, the participants all obtained a baseline mean for their responses on the 59-item questionnaire. The participants mean baseline scores are represented visually below in table 1.

Table 1

<table>
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<tr>
<th>Pre-Test Mean Scores</th>
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<tr>
<td>Participant 1</td>
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<tr>
<td>Participant 2</td>
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<td>Participant 3</td>
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Participant 1 achieved a baseline mean of 2.55. This suggests that the participant is most commonly answering “seldom” to “occasionally” on the CSS scale. With a 4 on the scale representing “frequently,” this number suggests proactive choices are occurring a little over half of the time for this individual. This number also represents a participant who has not stopped use and does not see his using behaviour as a high enough risk to himself or others to discontinue use. Participant 1 scored a post-test mean of 2.91. This number represents a 0.36 increase from the pre-test measure before program implementation. The visual data series (Appendix K) represents the variance in mean scores obtained between the pre- and post-test.

Participant 2 scored an average mean of 3.22 on the 4-point scale baseline measure. A 3.22 represents a participant who has come to terms with their using behaviour and but may not assume full responsibility for their actions when associated with the substance. This suggests that the participant is most commonly answering “occasionally” to “frequently” on the CSS scale. Participant 2 scored a mean average of 3.44 on the post-test measure. This mean represents a 0.22 increase from baseline scores. The visual display of this increase is seen in below.

Participant 3 scored a baseline mean of 3.18 on the CSS; this number suggests occasional to frequent prosocial choices. A visual analysis of this mean score can be seen in Appendix H. A 3.18 represents someone who has come to terms with their using but may not assume full responsibility for their actions while under the influence or still actively encounters cravings and temptations. On the post-test measure, participant 3 scored a mean average of 3.00 on the post-test measure. This mean score represents a 0.18 decrease in scores from the mean obtained during the pre-test administration. The variation in mean scores is visually represented below.
After completion of the third workshop session participants once again completed the CSS. The post-test was used to determine whether a change in mean scores occurred from the pre-test measure administered prior to programming. The participants' post-test mean scores and change from pre-test are displayed visually below in table 2.

Table 2

<table>
<thead>
<tr>
<th>Participant</th>
<th>Post-Test Mean Scores</th>
<th>Change From Pre-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.91</td>
<td>+ 0.36</td>
</tr>
<tr>
<td>2</td>
<td>3.44</td>
<td>+ 0.22</td>
</tr>
<tr>
<td>3</td>
<td>3.00</td>
<td>- 0.18</td>
</tr>
</tbody>
</table>

A visual display of the pre and post-test means are visually represented below.

![CSS Mean Scores](image)

**Overall Mean Scores**

The average pre-test mean for participants was 2.98 on the CSS. The average post-test mean for participants was 3.11. This number represents a 0.13 increase in the mean average from the pre-test to post-test questionnaires.
CHAPTER V: DISCUSSION

SUMMARY
Overall, the substance-abuse-based coping mechanisms workshop demonstrates modest success in improving the participants' mean CSS scores, suggesting an improvement in their coping mechanisms. The hypothesis seemed to be supported by the overall increase in mean scores.

Discussion of Individual Participant Results
The discussion of the results for the individuals will be organized by participant and will include a description of their participation in the workshop.

Participant 1
Participant 1 attended all three workshop sessions. He actively participated in discussions and attended each session with a positive outlook. Participant one completed the CSS measures and session handouts independently and with ease. He shared his interest in completing workshops of this type, stating that reviewing coping mechanisms and ways to appropriately cope is always beneficial.

Participant 2
Participant 2 also attended all three workshop sessions. He willingly participated and demonstrated a positive attitude about participating in the study. He was visually impaired; as a result, he required assistance in completing the CSS as well as session handouts. The participant agreed to have the facilitator read out loud the questions and assist him in documenting his response.

Participant 3
Participant 3 joined the workshop two weeks later than the other participants. As a result, it was necessary to deliver the first two sessions one-on-one to the participant. The facilitator met individually with the participant and completed the first two sessions. Participant 3 joined the other two participants to complete the third and final session with the group. This participant completed all measures independently with ease.

Interpretation of Results
The results show a trend that indicates that two out of three participants increased their self-rated coping scores on the CSS, an average of 0.29, on the 4-point rating scale. This suggests that the workshop may have been effective in increasing the coping skills of two of the participants and their proactive responses when faced with situations of using substances. The increase in mean scores from pre-test to post-test measures might have been attributed to active participation in the coping skills workshop, though it is not possible to determine whether participation in the workshop is directly related to the increased scores for two of the participants. The third participant, who only participated in the final of three sessions, demonstrated a decrease of 0.18 in CSS scores.

Strengths and Limitations
Choosing to target addiction and coping skills was an appropriate choice for the residents of the John Howard Society. Recently released from prison, the residents are often struggling with an addiction and means of creating a prosocial lifestyle. The topics covered in the workshop were a good fit for the participants; all participants were coping with a current or past addiction. The service delivery approach, (three sessions between half an hour and an hour in length) was a good choice for the participants. They lacked the ability to stay focused and participate actively.
for long periods of time; the session length and delivery service fit with the participants' schedules.

Due to the constant change of residents in the John Howard Society, it was hard to create a large participant group. A program consisting of one session may have been successful in creating a larger participant group. It would also be beneficial to create a new measure from the existing CSS-. Creating a new measure would have allowed for the facilitator to assess addiction more broadly make addiction more general, allowing any type of drug and or alcohol addiction to be measured.

*Multi-level Challenges Report*

Many challenges exist when working with recently released male offenders, particularly when these clients are substance abusers.

**Client Level**

Working with clients who have addictions can be very difficult; it can be difficult to find clients that admit to and take responsibility for their addiction. It may be difficult to access a large participant group of individuals that believe they have an addiction requiring treatment. As a result, it may be hard to motivate participants to actively participate and contribute to the group and activities conducted within the workshop. To account for this possible challenge, it is important for the facilitator to find ways to enhance motivation and participation within each session. It is also important for the facilitator to be prepared to explain to the participants the benefits of abstaining from drugs and or alcohol, and highlight the benefits of having a lifestyle free of addiction.

**Program Level**

Challenges may also arise at the program level for implementation. For example, in order to implement a program, it is helpful to have the support of fellow agency staff for your program implementation. It is important to brief the agency staff on the goals and intended outcomes of implementation. To do so, the program must have clearly delineated goals and intended outcomes. In order to brief agency staff there must be a sufficient amount of time available prior to facilitation. The facilitator must allow enough time prior to implementation to brief fellow staff on the program and gain support from fellow staff by presenting the program to them in order for them to understand the goals of implementation and the significance to the participants. If fellow staff are supportive of the program, this will create a smoother implementation.

**Organization Level**

It may be challenging to work with a client on one particular issue when they are receiving therapy or support for additional issues. When intending to deliver programming to individuals who are also attending other programs, it is important to gain insight into their supports to ensure you are not working at cross purposes with their other forms of treatment. For example, if an individual attends a support group for substance abuse it is important to have an idea of the goals of the group. If an individual is working on abstinence in one program, it would be detrimental to use harm reduction in another. To ensure this does not occur, it can be beneficial to meet with each participant prior to programming and discuss their forms of support and goals.

**Societal Level**

Challenges exist at the societal level when working with individuals who have criminal offending history. Many people believe that criminals should not receive support and treatment, and cannot be helped. Others believe that "once a criminal always a criminal" and changing life for the better should not be an option for someone who has committed criminal offences. It can
be difficult to find support from the community to implement such programming as this, helping individuals with criminal offending history to better their lives. A stigma can be associated with individuals who work collaboratively with the offender to better their life and create options for their life. It is important to help the society and community members become aware of the benefits of programming and the effectiveness it has shown with this population.

**Implications for the Behavioural Psychology Field**

Addictions treatment is a common focus of the field of behavioural psychology. Helping a person overcome an addiction is beneficial for the client and increases the individual’s chances of living a prosocial lifestyle. For the participant, attending a workshop or programming for an issue of such direct relevance can be a positive step towards a life change. Participation in these types of programs can show one’s willingness to change and make progress towards a prosocial lifestyle. Attending a workshop on addictions can benefit the participant and enhance their chances of attaining their goals, whether it is to decrease or abstain from substances (Capuzzi & Stauffer, 2008). Attending a workshop on coping skills can help coping with substance abuse issues, as well as other issues encountered (Capuzzi & Stauffer, 2008). Coping skills are important for solving personal and interpersonal problems (Marlatt & Gordon, 1985, as cited in Sugarman, Nich & Carrol, 2010) Having functional coping skills is an important part of maintaining a healthy, prosocial lifestyle.

**Recommendations for Further Research**

For future research, it would be beneficial to have longer sessions covering more information within the chosen workshop sessions. The topics covered were a success for the participants though they could have benefited from more information and learning opportunities.

Due to the continual turnover of residents in the John Howard Society it was difficult to create a large participant group. A program consisting of one session may have been successful in creating a larger participant group.

It is also suggested a motivational interview prior to treatment occur. Implementing a motivational interview would allow the facilitator to assess each participant’s coping ability and create an understanding of each participant’s stage of change.

**Context of Current Literature**

This study contributed to the growing body of literature that suggests coping skills, particularly to deal with cravings, stress management, and refusal skills are beneficial to individuals with addictions (Straussner, 2012). Programs incorporating these techniques assist addicts in learning skills to develop a prosocial lifestyle.
REFERENCES


Appendices

Appendix A: Consent Form

Project title: The implementation of an information workshop teaching substance abuse-based coping mechanisms to recently released male offenders.
Principal Investigator: Mellissa Hennessy
Name of supervisor: Erin McCormick
Name of Institution: St. Lawrence College
Name of sponsor: N/A
Name of part partnering institution/agency: John Howard Society

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at the John Howard Society. As a part of this placement; I am completing a research project called an applied thesis. I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before agreeing to participate.

Why is this study being done?
This study is being done to teach the participants involved effective ways to cope with substance abuse stress and anxieties by providing a workshop teaching coping mechanisms. It is hoped that a workshop will provide the participants with an increased knowledge of coping mechanisms giving them the ability to cope with drug cravings, stress management and refusal skills. The workshop will also provide the participants with a number of different types of coping mechanisms in the hopes that they will find a mechanism that is beneficial to them personally.

What will you need to do if you take part?
If you choose to take part in this study, you will be asked to attend three different workshop sessions. Each session will be an hour in length and will focus on different areas of coping; you will be asked to listen to a brief presentation, take part in question asking and participate (if you wish) in a discussion. Upon the first session you will be asked to complete the Coping Strategies Scale (CSS) survey assessing your ability to cope and questions regarding your substance use. At the end of the workshop, you will be asked to complete the survey once more; it will take approximately 15 minutes in length and will assess the effectiveness of the workshop by comparing your responses to the first questionnaires to the latter one. This will help determine whether the workshop was effective in providing the participants with types of coping mechanisms and determine if the mechanisms were effective in fighting drug cravings and anxiety.
What are the potential benefits of taking part? (if applicable)
Benefits of taking part in this research study include an increased knowledge and understanding of coping mechanisms and how to apply them in situations where one finds himself stressed. As a participant, you will have access to knowledge of the different types of coping mechanisms and ways to appropriately deal with situations that are stressful to you. In the event that you are someone who inappropriately deals with high stress situations and finds themselves giving in to drug cravings or situations where they are accessible, you should find this workshop to be beneficial. If nothing else, you will become aware of different ways to appropriately cope in situations where it may be required.

What are the potential benefits of this research study to others? (if applicable)
The potential benefits of this research study to others include may include your increased ability to resist pressures for drugs, deal with cravings, cope in high stress situations, and learn refusal skills. If there is anyone in your life who is effected by your addiction they might be able to feel at ease knowing you have coping strategies to deal with high stress situations.

What are the potential disadvantages or risks of taking part?
Risks from taking part in this research study are minimal but may include fatigue or boredom within the sessions. It is possible that with the intensity of conversations you will become overwhelmed and emotional as a result of the conversations and topics covered. Discussions of substances and stories shared may trigger negative feelings in response to your involvement in an addiction in the past.

What happens if something goes wrong?
In the event that you experience a negative situation, you may withdraw from the particular session or entirely from the study if you feel it is necessary.

Will my information you collect from me in this project be kept private?
We will ensure that important information, including the consent form is kept in a locked cabinet at the agency. All information kept on a computer file will be transferred to a USB with an encrypted password to ensure the upmost level of confidentiality. The questionnaires will be anonymous so that each participant can be sure their responses will not be linked to their names. The completed questionnaires and signed consent forms will both remain in a locked cabinet at the agency. The agency has a protocol to keep the documents for 7 years. Upon those 7 years the documents will be shredded. You will remain confidential; your names will not be assigned to your questionnaires.

Do you have to take part?
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects.

Contact for further information
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Drew McNamara, my supervisor from St.
Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me at mhennessy05@student.sl.on.ca. You can also contact my College Supervisor at Erin.McCormick@CSC-SCC.GC.CA or you may also contact the Research Ethics Board at reb@sl.on.ca.

Consent
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
  - I am free now, and in the future, to ask any questions I have about the study.
  - I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
  - I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

Participant Name

Signature of Participant

Date

Mellissa Hennessy
Student Printed Name

Signature of Student

Date
Appendix B: Coping Strategies Scale (CSS)

Each statement below describes a strategy or thought that a person might use to help them **not drink alcohol**. Please circle the number that best describes how often you made use of each strategy or thought in the past 3 months to help you to **not drink**.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>4.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>6.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>7.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>8.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Each statement below describes a strategy or thought that a person might use to help them not drink. Please circle the number that best describes how often you made use of each strategy or thought in the past 3 months to help you not drink:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I encourage people to keep after me about my drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I seek out someone who listens when I want to talk about my drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. I remind myself that I can choose to overcome my drinking if I want to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. I avoid people who are heavy drinkers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I consider how my drinking has hurt the people I care about.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I use reminders to help me not to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. I do something else instead of drinking when I need to deal with tension.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I tell myself that if I try hard enough I can keep from drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I leave places where people are drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. I seek out social situations where it is OK not to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. I seek out groups of people who can increase my awareness about the problems of drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. I stay away from places or situations associated with my drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. I find that doing things is a good substitute for drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. I spend time with people who reward me for not drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. I go to someone who tries to make me feel good when I don’t drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32. I attend AA meetings (or similar meetings)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33. I make commitments to myself not to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>34. I go to places where drinking is not acceptable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35. I stop and think that drinking and driving can cause many problems for other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Each statement below describes a strategy or thought that a person might use to help them *not* drink. Please circle the number that best describes how often you made use of each strategy or thought in the past 3 months to help you not drink.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. I think about the physical problems that are related to alcohol.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. I try to express emotions without relying on alcohol.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38. When I feel angry, I try first to calm myself down.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39. I talk about things that make me angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>40. I try to understand my relationships to others who are important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>41. I try to find satisfaction (enjoyment) with other people without drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>42. If someone offers me a drink, I say &quot;no&quot; immediately.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>43. If someone offers me a drink or suggests drinking, I suggest something else to do instead of drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>44. I engage in some enjoyable or relaxing activity each day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>45. I adopt a positive outlook that helps me not drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>46. I try to remind myself of the good things I have accomplished.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>47. When I am bothered by other people, I tell them about it directly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>48. I try to tolerate frustration without depending on drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>49. When I feel upset, I try to stop or challenge my negative things I tell myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>50. I tell others what is on my mind.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>51. I show interest in what other people have to say and the feelings they express.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>52. I express appreciation when someone does something for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>53. When someone criticizes me, I try to find some way to deal with it without drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>54. I think of the difficulties in my life as problems to be solved.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Each statement below describes a strategy or thought that a person might use to help them not drink. Please circle the number that best describes how often you made use of each strategy or thought in the past 3 months to help you not drink.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>55. I try to think of a number of ways to solve my problems before I take action.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>56. I try to stop any thoughts I have about drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>57. I have a plan to deal with drinking urges, if they occur.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>58. If I have the urge to drink, I tell myself that it will go away if I just wait awhile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>59. Before doing something, I think about whether it will lead to drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix C: Session 1: Adhering to Cravings

**Session 1: Adhering to Cravings**

Managing Cravings in a Difficult Situation

1. Consent Forms
2. CSS: The Coping Strategies Scale

**CRAVINGS**

A programmed response to environmental signals that have been connected to drug use through experience. A strong desire to consume a particular substance; craving is a major factor in relapse and/or continued withdrawal from a substance of abuse and is both imprecisely defined and difficult to measure.
DISCUSSION

How do you cope?
What do you do when you have cravings?
How do you distract yourself?
What do you need to learn?

DISTRACTION:
6 WAYS TO DISTRACT YOURSELF

- Do something
- Help
- Compare yourself with others
- Change your emotion
- Walk away
- Think about other things

"One of the most effective short term methods for coping with difficult situations or cravings is by distraction."

1. DO SOMETHING

Activities are effective in helping tolerate difficult symptoms.
They direct attention away from the craving by directing it towards something productive that occupies short term memory.
Activities also occupy our physiological state.
Activities involving exercise decrease tensions and increase endorphins, the feel good hormone.
Needs to occupy mental and physical attention to be effective.

What types of activities work or might work for you?
2. HELPING

Helping can be effective in refocusing our attention to something else that requires our attention.
Helping someone else can also improve one's meaning of life.
It also helps us improve our feelings of ourselves.
Helping has positive effects on physical and mental health.
What ideas can you think of that might fall under the helping category?

3. COMPARE YOURSELF WITH OTHERS

Comparing yourself with others refocuses our attention to others.
Comparing others' coping strategies and abilities to our own.
Comparing yourself to less fortunate to have a more positive view of our own problem.
Comparing yourself to others who have coped and overcome their situation – inspiration & motivation to succeed.

How do you feel about comparing yourself to others as a strategy?

4. CHANGE YOUR EMOTION

Focusing on changing your emotion from the negative to the positive.
First, identify how it is you are feeling.
Second, identify something that generates a positive feeling.
Engage in an activity that promotes a positive change in emotion.
If you are feeling negative, what is an activity you could do that would promote a positive change in mood? What makes you happy?
5. WALK AWAY (PHYSICALLY / MENTALLY)

Use as a last resort or in cases of emergency
Walking away can mean physically leaving a situation that generates negative feelings
Could also mean mentally leaving a situation
Refuse to think about the situation — allow yourself a break to distance yourself from the negative feelings
Have you ever had to walk away? Does this work for you?

6. THINK ABOUT OTHER THINGS

Fill your short term memory with other thoughts
This will help you to forget about the negative emotions associated with your previous thought
Focus your thinking on tasks to be completed or something that promotes a positive emotion
What types of thoughts could be distracting?

EVALUATION QUESTIONNAIRE FROM COPING WITH CRAVING AND DIFFICULT SITUATIONS THROUGH DISTRACTION **
Appendix D: The Evaluation Questionnaire for Coping with Cravings and Difficult Situations through Distraction (CCCDS 2)

EVALUATION QUESTIONNAIRE FOR COPING WITH CRAVING AND DIFFICULT SITUATIONS THROUGH DISTRACTION (CCCDS 2)

We are interested in ensuring that this group is useful and meets your needs. For this reason it would be helpful if you would answer the following questions. All responses are confidential and anonymous.

How useful did you find each of the areas covered in today’s session?

**Cravings**
Not Useful 1 2 3 4 5 6 7 Very Useful

**6 ways to distract yourself**
Not Useful 1 2 3 4 5 6 7 Very Useful

Please rate whether there was too little or too much of the following:

**Teaching and Information**
Too Little 1 2 3 4 5 6 7 Too Much

**Brainstorming and discussion**
Too Little 1 2 3 4 6 6 7 Too Much

**Group participation**
Too Little 1 2 3 4 6 6 7 Too Much

Please use the space below for comments that you may have about this session.

Thank you for taking the time to complete this questionnaire
Appendix E: Coping Skills and Habit Worksheet

How do you usually handle stress? List your usual coping habits.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How effective are the coping behaviors you have used in the past? Do they reduce or eliminate the stress?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Which of the coping techniques did you use in the past but are no longer using?

________________________________________________________________________
Appendix F: Session 2: Stress Management

Stress Management
Learning to Manage Stressful Situations

Stress
Stress is any physical, chemical, or emotional factor that causes bodily or mental unrest.
It is unrealistic to eliminate stress altogether, managing stress is realistic and achievable.
No single coping strategy is effective in reducing stress all the time. It’s necessary to have a number of different coping techniques to manage stress.

Coping Skills & Habits Worksheet
How Stress Affects Us

- Stress
- Headaches
- Back pain
- Chest pain
- Heart disease
- Heart palpitations
- High blood pressure
- Sleep problems
- Stomach upset
- Anxiety
- Restlessness
- Worrying
- Irritability
- Depression
- Sadness
- Anger
- Lack of focus
- Burnout
- Forgetfulness
- Over-eating
- Under-eating
- Angry outburst
- Drug or alcohol abuse
- Increased smoking
- Relationship conflicts
- Social withdrawal

Stress & Relapse

- Research shows a strong connection between stress and substance abuse
- Stress is considered the biggest barrier to relapse
- Stress is one of the most powerful triggers for relapse
- When a person experiences stress they need a way to cope or alleviate the stress, for those affected this can be challenging
- It is believed many people drink to reduce tension and physiological stress

Ways to Manage Stress

- The key to managing stress is to determine how to solve problems
- Caring for yourself does not prevent stress, you must deal with the situation to relief the stress
- Strong social supports help manage stress, those with more support report having lower stress levels and experience fewer negative effects of stress
- Relaxation Techniques - yoga, guided imagery, progressive muscle relaxation, meditation, music, exercise, journaling
Guided imagery - a gentle technique that focuses and directs the imagination, helps relax and focus your state.

Progressive Muscle Relaxation - a technique for reducing anxiety by tensing and relaxing the muscles.

Stress Management VS. Stress Reduction

Stress Management
- Confronting the source
- Healthy Diet
- Regular Exercise
- Balanced Lifestyle

Stress Reduction
- Relaxation
- Exercises
- Physical Exercise
- Listening to Music
- Reducing External Sources of Stress

Effective Stress Management Requires:

1. Altering our lifestyles to accommodate healthy daily practice
2. Going inside our own heads and confronting and changing our dysfunctional thinking
5 Stress Inducing Habits to Stop

1. Stop striving for perfection — one of the biggest stressors. Strive for excellence, not perfection.
2. Stop using anger to motivate others — stop taking frustration out on others, try screaming into your pillow or alone in your car.
3. Stop the all day sitting routine — add regular activity into your lifestyle, walk, take the stairs, exercise during commercials, etc.

4. Stop saying YES all the time — don’t say yes to every thing leaving no time for your own needs. Prioritize your time, be realistic of how much you can take on.

5. Stop ignoring restful recovery time — take a few minutes out of your day to focus on breathing and relieving tightness in your body, practice deep breathing exercises.

Are your coping mechanisms healthy?

- Effective
- Do not prevent dealing with a stressful situation
- Do not create stress for you or others
- Do not put yourself or others at risk
- Have positive long term effects
- Do not use more resources than you can afford

If you have answered No to any of these, you may not be exhibiting healthy coping strategies.
Appendix G: Developing Effective Coping Strategies Worksheet

It is important to use a variety of coping strategies to manage stress that inevitably will occur. By regularly practicing coping strategies, you can stop stress from building up and prevent stress overload.

Not all stressful situations are within our control, and not every situation can be changed. Effective, healthy coping skills can allow you to get through difficult times.

Examples of healthy coping strategies:

- relaxation techniques
  - journaling
  - deep breathing
  - exercise

List three coping strategies that have worked for you in the past that you would like to use regularly:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List three new coping strategies you would like to try:

______________________________________________________________________
When will you use these coping techniques?

How will these six coping skills you have identified affect your stress level? What changes will you see as a result of using these coping strategies?
### Appendix H: Visions and Goals Worksheet

**vision and goals worksheet**

**Apply The 6 Core Concepts:**
1. Possibility  
2. Vision  
3. Balance  
4. Audacity  
5. Format  
6. Integrity

**my vision**

*Remember:*
Visualization your life in 10 years.
What would you dare to do if you knew you could not fail?
Describe what you see, hear, and feel in your ideal life.
Who is there? How do you spend your time?
Where do you spend your time?

**Example:**
I will save money for school.
I save $10,000 for my MBA by September 12.
Affirmation: can see present tense, specific, and specific
by when-date

<table>
<thead>
<tr>
<th>my goals</th>
<th>by when</th>
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<tr>
<td>10 year</td>
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Appendix I: Session 3: Refusal Skills & Goal Setting

Refusal Skills & Goal Setting

Types of Pressures
- Direct - direct social pressure is when someone offers you a drink or an opportunity to use.
- Indirect - indirect social pressure occurs when you feel tempted to use just by being around others who are using.

Refusal Skills
- A set of skills designed to help people avoid high risk behaviors.
- Programs designed for building refusal skills discourage crime and drug/alcohol use
- Refusal skills are correlated with resisting peer pressure and maintaining self respect.
For drug and alcohol dependence, developing refusal strategies allows people to enter social situations where these items might be present without giving in to temptation.

- It is nearly impossible to avoid every situation that may have drugs and/or alcohol present.
- Being able to refuse an offer involves much more than a simple decision to stop use.

Building Refusal Skills

- Avoid high-risk situations - this is an essential component of successfully refusing drugs and alcohol. Certain places are obvious, but for others it is important to determine high-risk situations on a case by case basis.
- Adopting a more objective perspective and being aware that certain situations come with a higher risk allows for better preparation when these situations arise.

Common Refusal Techniques

- It is impossible to avoid all situations where drugs and/or alcohol are present. There are a number of techniques that can assist you during these times.

  Being Clear & Assertive

- One of the most important things it to be clear and assertive when refusing. Do not hesitate with your response. It also helps to maintain eye contact when saying “No”.
- Do not make excuses for saying no; a simple no will suffice. A clear and simple “I don’t drink” is also effective.
Suggesting Alternatives
- This can include suggesting other ideas for hanging out and or meeting up with people.
- Suggesting other places to go and activities to gather.

Changing the Subject
- Similar to above, suggesting an alternative conversation by changing the subject is effective. Some people are pushy in their offers and a subject change can make a different topic the interest of conversation.

Recruiting Help from Others
- Pushy people may require someone else to step in a simple state: 'since it’s out of the question, please stop asking'. If you are having difficulty getting the point across ask for assistance.

GOAL SETTING

Why should you set goals?
- Establish your ultimate decision
- Identify the roads you need to take to get there
- Know when you have obtained your goal
Important because ...

- Goals have been found to increase levels of performance by 106%
- Goals can help you monitor and improve performance
- Goals can help replace fear and tension with focus
- Goals can help sustain motivation during low motivating times
- Goals help in the development of confidence

SMARTER GOALS

S - Specific. Is the goal clear?
M - Measurable. Can you objectively prove that you have met your goal?
A - Achievable. If you achieve this goal sooner than anticipated, can you increase the intensity, does it need to be scaled down?
R - Realistic. Do you really believe you can do it?
T - Time Based. Have you set realistic dates to meet this goal?
E - Exciting. Will it be fun?
R - Rewarding. Can you see the reward for achieving this goal?

5 Facts about Goal Setting

1. Specific, realistic goals work best
2. It takes time for a change to become an established habit
3. Repeating a goal makes it stick
4. Pleasing other people doesn’t work
5. Roadblocks don’t mean failure
Appendix J: Certificate of Completion

Certificate of Completion

This certificate is awarded to

This certificate recognizes the completion of the Substance Abuse Based Coping Skills Workshop, November 2012

[Signature] [Date]
[Signature] [Date]