Handouts and prompt sheets
Drink Diary: For week commencing . . . . . . . .

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<thead>
<tr>
<th>Name of the drink</th>
<th>Time of day</th>
<th>How much</th>
<th>Number of units</th>
<th>Where and with whom</th>
<th>Cost</th>
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Total       Total

From *Social Behaviour and Network Therapy for Alcohol Problems* by Copello et al. published by Routledge
Alcohol and health

Alcohol is widely available in the western world. People enjoy drinking alcohol for a variety of reasons. Alcohol is used in celebrations such as birthdays and special occasions. Sometimes we drink to make ourselves feel confident or more relaxed. A small amount of alcohol can do little harm and be enjoyable.

How much is it safe to drink

People have different views as to how much it is safe to drink. The most reliable way of knowing whether your drinking is safe is to establish how much alcohol is in your drink. The easiest way to establish the amount of alcohol in a drink is to calculate how many units the drink contains. One unit in the UK contains approximately 8 grams of pure alcohol. The drinks below, for example, have the same level of alcohol content and represent one unit of alcohol:

1 unit = half pint (284ml) of ordinary strength beer, lager or cider
1 unit = one small glass of wine (125ml)
1 unit = one single measure (25ml) of spirits
1 unit = one small glass (50ml) of sherry, martini, port

This description gives you a rough guide to the unit equivalent of common drinks. Beverage alcohol content varies: for example, extra strong beer may contain three times the amount of alcohol contained in ordinary beer.

How much do I drink?

The current advice for safe drinking is that men should not regularly drink more than three to four units on a drinking day and women not
more than two to three. This is based on the recommendation that consistently drinking four or more units for men and three or more units for women carries the risk of developing health problems over time. It is also emphasised that drinking more than twenty-one units per week for men and more than fourteen units per week for women may increase the risk of harm to health.

If you want to calculate the number of units that you are drinking, you can do so by adding up the drinks you have had over the past few days. Alternatively, there are websites where you can calculate how many units you have consumed (you can do this for example at www.drinkaware.co.uk or www.downyourdrink.org.uk).

**What happens to the alcohol I drink?**

The alcohol you drink is absorbed in the blood and is later disposed of either through urine or sweat or processed by the liver. The body eliminates approximately one unit of alcohol per hour. The effects of alcohol depend on the amount present in your blood. While one or two drinks may help you feel more relaxed, as you continue to consume alcohol your behaviour may become more problematic. Your decisions may be affected, you might experience loss of inhibition and self-control. Your reaction time may be slowed down, making it more likely to have an accident. If you continue to drink you may lose consciousness and even collapse and die.

**Tolerance**

When you consume alcohol regularly over a period of time, you may find that you need to consume more alcohol in order to achieve the same effect. This suggests that you may have developed some tolerance to alcohol. Tolerance means that because you have been using alcohol heavily, the effect that it has on you is reduced. You therefore need more of the alcohol in order to have the same experience. In this respect, alcohol is no different to any other drug.

The importance of recognising tolerance is that it is the first step in physical addiction and the development of withdrawal symptoms.

As tolerance develops, you will need to consume an increasing amount of alcohol and may begin to experience withdrawal symptoms when you stop drinking. Withdrawal symptoms include shakes, sweating, feeling
depressed after stopping or very frightened. In extreme cases you may have fits or see things that are not there. This is happening because your body has become used to functioning with a certain amount of alcohol and when this amount is reduced, your body lets you know through these symptoms. These symptoms can be unpleasant and are usually made worse as a result of the anxiety that people experience as well as their own expectations that the symptoms will be very unpleasant. This creates a vicious circle. Often the way in which the sufferer tries to deal with the problem is by consuming more alcohol, which makes the cycle difficult to break.

**Effects of heavy drinking**

Heavy drinking over time can result in a range of problems in the physiological, mental and emotional state of the person who is drinking. It results in disruption of a number of responses to the individual’s immediate environment. These responses can in turn affect the physical, emotional and social well-being of those close to the person with the drinking problem.

Physically, heavy alcohol consumption can result in damage to organs including the liver and stomach and increase the risk of heart disease and cancer.

Psychologically, a number of changes can occur that will affect not only the drinker but also those close to him or her. Some of the most common experiences are increased risk of violence, depressed mood, the person becoming unreliable, financial hardship and disruption to family routines.

It is possible that many of the things outlined here may not have happened to you. However, it may be that you can relate to most of these descriptions when you consider your past experiences.

On the more positive side, one thing to remember is that even though it is difficult, most people with a drinking problem are able to change even if it takes them several attempts. The amount of support available from those close to the person with the drinking problem and the ways in which they respond will be important.

**Impact on others**

As someone close to the person with the drinking problem, you may have experienced a roller-coaster of emotions. Early on, you may have

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wondered whether he or she had a problem and if so, how serious it was. You may also have asked yourself if there was anything that you were doing wrong to make the problem worse. In fact, these problems are very common and the experiences you may have had are usually the result of the impact of the drinking problem upon those who are close to the focal drinker. Trying to understand the problem and think about the ways in which you can support your close family member and they can support you will be helpful in the process.
Communication and the network

Positive communication is important to reduce conflict and division between the social network. Positive communication should result in the focal client and the network working together more constructively and in a unified manner.

When someone develops a problem with alcohol, that person and the people around them will often become stressed. One of the factors that contributes to stress is poor communication.

Possible session tasks

Ask those present:

- Can you give an example of poor communication?
- What were the consequences?
- What could you have done to communicate more effectively?
- What will you do in the future?

Here are some tips to help you . . .

Good communication skills

- Present one issue at a time.
- Define the issue clearly and specifically.
- Speak in a way that is positive and avoids blaming the other person or people.
- Accept partial responsibility for the situation and don't see the other person as being totally at fault.
- Make an offer to help in the situation you are talking about.
- Practice saying what you think without blaming or criticising others.
How to approach an important person

Sometimes we need to think about approaching new people to develop or enhance our social support network.

On some occasions a relationship may have become difficult or problematic because of our past drinking.

We may want to approach someone we do not know in order to develop a friendship and increase our support network.

Think of who you may want to approach.
Decide what you would like to say.

Think about difficulties or barriers (e.g. I am not confident starting a conversation; I need to talk to her after all these months and I would not know what to say).

Talk to your therapist or counsellor. You may be able to practise what to say and how to say it. Others have found this very helpful in the past.

You can also ask for help from other friends already in your network.

Practise skills covered under ‘receiving criticism and ‘talking about feelings and listening skills’.
Critical statements are highly likely to occur when alcohol use has strained relationships with people close to us. Conflict with others can close off access to positive support and so it is important to learn effective ways of responding to criticism.

**Strategies for dealing with criticism**

*Don’t* counterattack with further criticism. This will only make the argument worse and decrease the chance of effective communication.

*Instead*

- It can be effective to begin by acknowledging the other person’s feelings and try to find something in their criticism that you can agree with.
  
  ‘I know that things have been difficult between us and that part of this is related to my drinking.’

- Ask for more information about the criticism so that you are clearer about what the other person means.
  
  ‘I am not clear why you feel this way and it would be helpful to me to know more.’

- Propose a workable solution. This is something you agree to change to meet the criticism.
  
  ‘I really value our relationship and I would like to find a compromise. Perhaps you could help me to change this behaviour . . .’

- Reject unwarranted criticism. Sometimes criticism is unjustified. Reject criticism politely but firmly.
  
  ‘I understand that you are angry but I don’t think it is fair to say that. I am making an effort to change by (e.g. attending treatment) and I would really appreciate your support with this.’

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Talking about feelings

Many people have difficulty expressing their feelings and/or listening to the feelings of others. These communication skills can be improved to help you communicate with your network more effectively.

- It’s fine to talk about your feelings.
- It is important to share both positive and negative feelings.
- The goal is not to share all your deepest feelings with everybody. Instead *appropriate self-disclosure* is a better guide to follow.
The network members' responses to the alcohol problem are known as ‘coping’.

When faced with an alcohol problem, network members will attempt to respond to the situation. This involves using different coping strategies. The difficulty is that the strategies tend to be based on partial information and on the network members’ attitudes and feelings. It is therefore helpful for network members to work with the focal person better to understand the situation so that they can respond more effectively.

Different ways of coping lead to different results, both for network members and the focal alcohol user. Research has identified that people fit into three broad categories of coping, which are engaged, tolerant and withdrawal.

**Task: explore how you respond to others and how they react to you**

Familiarise yourself with the common types of coping and identify what type or types of coping you use. They are:

- **Engaged**: attempts to change alcohol use (e.g. watch him or her all the time; plead with him or her; pour the alcohol down the sink). This may help the person who is using this coping style to feel in control but it is also very stressful.
- **Tolerant**: attempts to protect the alcohol user from the negative consequences of the alcohol use (e.g. giving the focal client money for drink; seeing them drink in your presence). This may avoid conflict but can also make the person feel used and taken advantage of.
- **Withdrawal**: attempts to put distance between the network member and the focal client (e.g. spending less time with the focal client; going away for periods of time). It may make the network member feel that they are rejecting the focal drinker.

Think of the pros and cons of your coping style and the alternative ways of coping.

After exploring the different ways you can respond, try to identify what might be the most helpful way of responding to each other in particular situations that might arise in the future.

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Research has shown that a positive support network helps people to feel more confident in managing their lives and cope with their problems.

**Positive support**

A positive network member is simply someone who is focused on helping you to overcome your alcohol problem.

A neutral network member is someone who is neither supportive nor non-supportive. This network member has potential to be more supportive.

An unhelpful network member is a person who is neither supportive nor helpful. They could be individuals who would hinder your efforts to overcome your drinking problem and you need to reduce contact with them.

Task: Can you identify who the positive, neutral and unhelpful network members are in your social support?

**Types of support**

Social support can take on many forms. Some types of support that research has found to be important to our well-being include help with solving problems, moral support, practical support and help with information or dealing with emergencies.

Task: Can you identify what type of support each member in your network gives you?

**Developing your social network**

It might be that not all support needs are being met. You might need to work on how you can work with your network to meet your needs. Maybe you need to take another look at who is out there for you.

From *Social Behaviour and Network Therapy for Alcohol Problems* by Copello et al. published by Routledge
Tasks: Looking at your network

- Is there anyone who could meet your needs better?
- Can you add more supporters to your network to fulfill the different types of support that you need?
- How do you support others?

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Relapse prevention is an important topic because it aims to put in place methods for the focal person and network member to work together to identify times when a person might be at risk of falling back into problem drinking.

Network members may find this a difficult notion to accept but it is a common pattern for clients to have a lapse or sometimes a full relapse. A *lapse* is simply a short-lived and usually isolated return to problem drinking. The focal client is usually able to continue back quickly towards his/her treatment goal.

A *relapse* is where the client returns to the level of drinking that he/she had prior to treatment. The most common reason for this is that a client may not be ready to change or has not set goals that are fully realistic and achievable.

Within SBNT we try to avoid lapses and relapses by ensuring that we spend time setting a very realistic goal in the first session. We can also use this relapse management session to look at situations in which the focal client is most vulnerable to lapsing and how the network can help him/her to avoid these situations or stressors.

Task: it is useful to think of situations you might have been in previously:

- Identify high risk situations and stressors for alcohol use that might occur in the future (when, where, with whom).
- Identify thoughts and feelings that occur in the events preceding these situations.
- Agree an overall policy (people to call, help groups) that can be adopted to avoid high risk situations in future.

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Increasing pleasant and joint activities

When someone develops an alcohol problem, this may result in a reduction in pleasurable activities for everyone. Below are some reasons why increasing pleasant activities can be helpful:

- Increases positive feelings and mutual support
- Provides alternative activities to problem drinking
- Leads to meeting new people who are positive
- Helps to reduce the amount of time spend with more negative influences.

SBNT is about getting positive support for change. Pleasant activities increase the chances of finding positive support in a person’s life and reduce the chances of being around a more negative network that could trigger problematic drinking.

This session is very practical and involves a series of tasks.

**Task 1: Can you brainstorm all of the activities you enjoy?**

- What have you done in the past?
- What do your network members do?
- What activities would you like to do?

**Task 2: Discuss these activities with the therapist**

- Are there any barriers to achieving these activities?
- What are the pros and cons?

**Task 3: Make a plan of how you will do this activity**

- What steps do you need to take in order to be doing this activity?
- Can anyone help you with this?
- Can you be really specific and state dates and times?

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