## Appendix A  Drinking diary

<table>
<thead>
<tr>
<th>Drinking Diary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week:</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Monday</td>
</tr>
<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Thursday</td>
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<tr>
<td>Friday</td>
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<tr>
<td>Saturday</td>
</tr>
<tr>
<td>Sunday</td>
</tr>
</tbody>
</table>
### Drinking Decisional Balance Sheet

<table>
<thead>
<tr>
<th>Continuing to drink</th>
<th>Making a change to my drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Costs</td>
</tr>
<tr>
<td>Benefits</td>
<td>Costs</td>
</tr>
</tbody>
</table>

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## Problems and Goals

<table>
<thead>
<tr>
<th>Problems</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Step 1
In the left-hand column under the heading ‘Problems’, the client should draw up a detailed list of all the difficulties they encounter because of problem drinking.

Step 2
Transforming problems into goals is a crucial and helpful first step in overcoming any drinking problem. The client needs to appreciate that just thinking about their problem will not offer a solution or direction for getting better. The client therefore needs to set goals that will give them something concrete to aim for.

In the right-hand column of the worksheet under the heading ‘Goals’, the client should list one or more goals for each problem that they have identified. These will signal, once they are reached, that they are progressing towards overcoming the problem. Goals need to be made as specific as possible because if they are too general the client will not recognize they have reached them.
| Advantages of Changing, Concerns of Changing and Responses to Concerns |
|-------------------------------------------------|-----------------|------------------|
| Advantages                                      | Concerns        | Responses to concerns |
|                                                 |                 |                   |
|                                                 |                 |                   |
|                                                 |                 |                   |

Outcome
Step 1
In the first column of the worksheet, under the heading ‘Advantages’, the client should list all the advantages of changing that come to mind. The practitioner should ensure they take into account all the problems that have been identified in the ‘Problems and Goals’ exercise. As change will have an impact on many areas of life, the client needs to think how it might positively affect, in both the short term and long term, friendships, health, career, relationships and family.

Step 2
Once advantages have been identified, the client should move on to the second column, ‘Concerns’. In this column, they should list all their concerns about change. The practitioner needs to ensure that the client considers all the problems that have been highlighted in the ‘Problems and Goals’ exercise. Could change have a negative impact on friendships, health, career, relationships and family? Both immediate concerns and longer-term negative outcomes of change should be considered.

Step 3
Once the list has been completed, the client should take some time to consider carefully what this exercise suggests. It may be that the advantages of change greatly outweigh any concerns the client may have. Conclusions should be noted at the bottom of the worksheet under the heading ‘Outcome’.

Step 4
The client will have identified at least one concern, if not several, about change. It is usually helpful to examine these in greater detail so that they do not get in the way of commitment to change. Using the third column on the worksheet, the client should respond to concerns. When doing this, the following questions will aid the process:

“What would be another way of looking at this?”
“Is there any evidence that this may happen?”
“Do possible long-term advantages outweigh this risk, worry or problem?”
“If this is likely to be a real problem, how will you deal with it?”

Step 5
Once the client has responded to any concerns, they should re-run through the initial conclusions written at the bottom of the worksheet under the heading ‘Outcome’. Is there anything more to add?
## Appendix E

### Examining specific change concerns

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely do you think it is now that this will happen? (0–100%)</td>
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</table>

### Examining Specific Change Concerns

<table>
<thead>
<tr>
<th>What do you predict will happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely is it to happen? (0–100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence for</th>
<th>Evidence against</th>
</tr>
</thead>
</table>

### Conclusions

---

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Step 1
At the top of the worksheet the client should write down a concern they have about changing and what they predict will happen if they overcome their drinking problem. The client should be as specific as possible and ensure that they write down what they think is the very worst thing that may occur.

Step 2
In the section underneath, the client should rate how likely they think it is that the worst will actually happen using a scale from 0 to 100% (0 being ‘not at all likely’ and 100 being ‘extremely likely’).

Step 3
Under the heading ‘Evidence for’, the client should list all the evidence they have that their concern is realistic.

Step 4
Under the heading ‘Evidence against’, the client should record all the evidence that suggests that their concern may not be realistic. The following questions may be useful when assessing the evidence for specific concerns:

“Have there been times when you thought this and it turned out not to be the case?”
“What would your best friend say about this?”
“Are you just focusing on the negatives because you are feeling down?”

Step 5
Once the task is completed, the client should reflect on how realistic their concern appears to be now. To get a more concrete idea, the concern should be re-rated on the 0 to 100% scale.
### Appendix F: Functional Analysis

<table>
<thead>
<tr>
<th>Stimuli</th>
<th>Organism</th>
<th>Responses</th>
<th>Maintaining consequences</th>
<th>Problem consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental</td>
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<td>Physiological</td>
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<td>Behavioural</td>
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<tr>
<td>Emotional</td>
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</table>
### Activating Event Breakdown

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Drink</th>
<th>Amount</th>
<th>Situation</th>
<th>Thoughts</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
### Evidence For and Against the Uncontrollability of Craving

<table>
<thead>
<tr>
<th>Evidence For and Against the Uncontrollability of Craving</th>
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<tbody>
<tr>
<td><strong>Craving belief</strong></td>
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<tr>
<td>Evidence for</td>
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</table>

**Outcome**

Re-rating of belief in each thought (0–100%)
Step 1
At the top of the worksheet the client should write down typical uncontrollability beliefs they hold about craving.

Step 2
The strength of belief should be rated on a scale from 0 to 100%.

Step 3
The client should then ask themselves what evidence there is for and against the belief. Typical evidence may include:

- drinking every time craving is experienced
- not being able to do anything else when experiencing craving and
- behaving in a crazed way when experiencing craving

The client needs to ensure that they make a list of all this evidence under the heading 'Evidence for'. The next step is to examine this evidence more carefully. The practitioner should highlight the possibility that the client may be misinterpreting evidence relevant to their craving. The questions to ask the client in order to challenge the evidence for lack of control over craving include:

- "Is the evidence for lack of control over your craving true 100% of the time?"
- "Is there evidence that it might not be true 100% of the time?"
- "Do you really drink every time you have a craving and have always done so?"
- "Have there been times when you have not experienced craving in a craving-inducing situation?"
- "Can you recall one episode when your craving stopped once it had started?"
- "Have there been times when you could have given in to your craving and did not?"

Once this is done, the client should write the evidence in the right-hand column of the worksheet under the heading 'Evidence against'. The practitioner should ensure evidence is challenged and re-interpreted sequentially.

Step 4
The client should begin to consider what the evidence suggests. They should be probed to write a brief summary of their conclusions under the heading 'Outcome'. After this is done they should re-rate the strengths of their original beliefs. At this stage the client will have probably realized that some of their uncontrollability beliefs about craving may not be completely grounded in evidence. Despite this, they may still doubt that
they can have some control over their craving. This is because they are likely to have some reservations about the new thought that craving can be controlled. These reservations are natural and are typically expressed in the form of the “yes . . . but” sentences discussed in Chapter 3.
Appendix I

Decision sheet on past slips

<table>
<thead>
<tr>
<th>Preceding event/situation</th>
<th>Apparently irrelevant decision</th>
<th>What could have been done differently?</th>
<th>Advantages of doing things differently</th>
<th>Disadvantages of doing things differently</th>
<th>Safe alternative</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Appendix I
## Appendix J

**Decision sheet on upcoming events**

<table>
<thead>
<tr>
<th>Preceding event/situation</th>
<th>Apparently irrelevant decision</th>
<th>What could be done differently?</th>
<th>Advantages of doing things differently</th>
<th>Disadvantages of doing things differently</th>
<th>Safe alternative</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Appendix J**

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### Identifying Permissive Beliefs

<table>
<thead>
<tr>
<th>Activating event</th>
<th>Feelings and sensations</th>
<th>Permissive beliefs</th>
</tr>
</thead>
</table>
| When did it happen?  
Where were you?  
What were you doing?  
What were you thinking about? | What feelings and body sensations did you notice? | What were you saying to yourself that made it easier to keep drinking?  
Highlight the key belief that makes it most likely for you to continue drinking. |
Step 1
The client should note down the activating event of a drinking episode, running through the questions at the bottom of the table under the heading ‘Activating event’.

Step 2
Under the heading ‘Feelings and sensations’, the client should write down the feelings (e.g. anxiety, sadness, worry) and sensations they noticed before the drinking escalated.

Step 3
Under the heading ‘Permissive beliefs’, the client should write down all the beliefs they had before the drinking got out of control. They should ensure they identify the key belief (the belief that most increases chances of continuing drinking) and highlight it. Clients should be recommended to practise doing this exercise whenever possible over several weeks.
### Challenging Permissive Beliefs

<table>
<thead>
<tr>
<th>Activating event</th>
<th>Feelings and sensations</th>
<th>Permissive beliefs</th>
<th>Evidence not supporting the beliefs</th>
<th>Alternative beliefs</th>
<th>Strength of alternative beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did it happen? Where were you? What were you doing? What were you thinking about?</td>
<td>What feelings and body sensations did you notice?</td>
<td>What were you saying to yourself that made it easier to keep drinking? Highlight the key belief that makes it most likely to continue drinking.</td>
<td>Use the questions presented to challenge your belief.</td>
<td>Note the alternative more helpful belief.</td>
<td>Rate the strength of your belief on a scale from 0 to 100%.</td>
</tr>
</tbody>
</table>
Step 1
The client needs to use the information from the previous exercise (activating event, associated feelings and sensations, and permissive beliefs). The key permissive belief should be highlighted.

Step 2
Under the heading ‘Evidence not supporting the beliefs’, the client should write down all the evidence that suggests that the beliefs are not true. The practitioner can use the following questions during this process:

“Do these beliefs make it easier or harder to drink?"
“What would you say to someone else?”
“What have you learned from drinking in the past that could help you now?”
“Are you being misled by your feelings?”
“What are the consequences of thinking in this way?”
“What could you say to yourself that would make it easier to stop drinking?”
“What would someone else say about this belief?”
“Is this situation similar to past situations?”

Step 3
Under the heading ‘Alternative beliefs’, the client should record alternative and more balanced beliefs. The above questions for challenging permissive beliefs should be used.

Step 4
Finally, the client should rate the strength of their beliefs to be true on a scale from 0 to 100%.
## Identifying Positive Beliefs

<table>
<thead>
<tr>
<th>Activating event</th>
<th>Feelings and sensations</th>
<th>Positive beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did it happen? Where were you? What were you doing? What were you thinking about?</td>
<td>What feelings and body sensations did you notice?</td>
<td>What were you saying to yourself that made it easier to start drinking? Highlight the key belief that makes it most likely for you to start drinking.</td>
</tr>
</tbody>
</table>
Step 1
The client should note down the activating event of a drinking episode, running through the questions at the bottom of the table under the heading ‘Activating event’.

Step 2
Under the heading ‘Feelings and sensations’, the client should write down the feelings (e.g. anxiety, sadness, worry) and sensations they noticed before the drinking escalated.

Step 3
Under the heading ‘Positive beliefs’, the client should write down all the beliefs they had before the drinking started. They should ensure they identify the key belief (the belief that most increases the chances of starting to drink) and highlight it. Clients should be recommended to practise doing this exercise whenever possible over several weeks.
## Appendix N  
**Challenging positive beliefs**

<table>
<thead>
<tr>
<th>Challenging Positive Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activating event</strong></td>
</tr>
<tr>
<td>When did it happen? Where were you? What were you doing? What were you thinking about?</td>
</tr>
</tbody>
</table>
Step 1
The client needs to use the information from the previous exercise (activating event, associated feelings and sensations, and positive beliefs). The key positive belief should be highlighted.

Step 2
Under the heading ‘Evidence not supporting the beliefs’, the client should write down all the evidence that suggests that the beliefs are not true. The practitioner can use the following questions during this process:

“Do these beliefs make it easier or harder to drink?”
“What would you say to someone else?”
“What have you learned from drinking in the past that could help you now?”
“Are you being misled by your feelings?”
“What are the consequences of thinking in this way?”
“What could you say to yourself that would make it easier to stop drinking?”
“What would someone else say about this belief?”
“Is this situation similar to past situations?”

Step 3
Under the heading ‘Alternative beliefs’, the client should record alternative and more balanced beliefs. The above questions for challenging permissive beliefs should be used.

Step 4
Finally, the client should rate the strength of their beliefs to be true on a scale from 0 to 100%.
Step 1
The client can begin by identifying all the situations in which they find it difficult not to drink. These should be listed under the heading ‘Situation’.

Step 2
Under the heading ‘Difficulty’, the client should rate each situation on a scale from 0 to 100%, with 0 being ‘not at all difficult’ and 100 being ‘extremely difficult’. Once they have done this, they should rank the situations in ascending order of difficulty under the heading ‘Rank’.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Difficulty (0–100%)</th>
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## Appendix P

**Drinking postponement experiment**

<table>
<thead>
<tr>
<th>Drinking Postponement Experiment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before experiment</strong></td>
</tr>
<tr>
<td>Belief to be tested and strength (0–100%)</td>
</tr>
<tr>
<td>Experiment to test belief</td>
</tr>
</tbody>
</table>

The table above outlines the framework for the Drinking Postponement Experiment, indicating columns for before and after experiment data, including belief testing, strategies to deal with possible problems, and experiment outcomes.
Step 1
The client should start by writing, in their own words, the uncontrollability belief they are going to test at the top of the worksheet and then rate its strength before carrying out the experiment.

Step 2
Starting from the easiest situation, the client should write what they plan to do under the heading ‘Experiment to test belief’. In order to increase the probability of success, the practitioner should help the client think about possible problems that may arise during the experiment. These should be recorded under the heading ‘Possible problems’. After the client has completed this part of the exercise, they should write down how they plan to deal with problems identified (if they do occur) under the heading ‘Strategies to deal with problems’.

Step 3
The experiment should be carried out ensuring that the client starts from the easiest situation. Once the experiment is completed, the client should record the outcome under the heading ‘Experiment outcome’, and re-rate the strength of the original belief. Once this is done, the client should repeat the procedure with the next most difficult situation until they reach the top of the hierarchy.
### Activity Diary

<table>
<thead>
<tr>
<th>Week:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9–10</td>
<td>Walking</td>
<td>P7/M5</td>
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*P = Pleasure (from 0 to 10); M = Mastery (from 0 to 10).*
### Controlled Drinking Skills

<table>
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<tr>
<th>Controlled Drinking Skills</th>
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<tbody>
<tr>
<td>Before drinking</td>
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<td>Whilst drinking</td>
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### Controlled Drinking Programme

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<th>Key targets</th>
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<th>Strategic plan</th>
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**Appendix S**  
Controlled drinking programme

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<table>
<thead>
<tr>
<th>Situation</th>
<th>Response</th>
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Niura, R. S., Rohsenow, D. J., Binkoff, J. A., Monti, P. M., Pedraza, M., & Abrams, D. B.
References


The abbreviation CBT is used for cognitive behaviour therapy. Page references in italic indicate Figures and Tables, which can also be found listed in full after the Contents.

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