

Alcohol Reduction and Medication Management

Intervention Manual

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Session 1: Introduction to the Intervention

Session Overview:

This session introduces participants to the Alcohol Reduction and Medication Management intervention. An initial assessment of HIV medication adherence and alcohol use is conducted, and behavior monitoring skills are introduced. Participants are asked to monitor their medication adherence and alcohol use over the coming week.

Session Goals:

1. Introduce the participant to the intervention
2. Assess treatment adherence and alcohol use
3. Develop behavior monitoring skills

Material Needed:

1. Intervention Workbook
2. Naltrexone Information Sheet
3. Alcohol Conversion Chart
4. 24-week Drinking Chart
5. Diagnostic Information Sheet
6. Abbreviated Behavior Monitoring Handout (X2)

Part A. Introduction to the Intervention

Review the following material with the participant:

This intervention is intended for people who are:

- Living with HIV infection,
- Using hazardous levels of alcohol (enough to have negative health consequences), and
- Having difficulties taking their HIV medications as prescribed by their doctor.

Our goals for this intervention are to help you:

- Improve your adherence to your HIV medication
- Reduce or eliminate your use of alcohol

Read: For people who are living with HIV, there is not really a “safe” level of alcohol use. We will encourage you to stop drinking and to remain abstinent from alcohol use. However, if your goal is not to completely stop drinking, we will support you in any efforts you make to reduce the amount of alcohol you do drink.

Intervention overview:

- We will meet for a total of 8 sessions. Each session will last around 15 to 20 minutes.
- At the beginning of each session, we will use a worksheet to review your HIV medication adherence and your alcohol use over the past week.
- If you have had difficulties with medication adherence or alcohol use since the last session, we will discuss these problems and possible solutions.
- Each session will then cover different kinds of strategies that you can use to reduce and manage your use of alcohol.
- It is important for you to attend our sessions regularly.

Medication Overview:

- You will also receive an injection each month.
- Half of the participants of the study will receive Naltrexone, a medication that helps people to reduce their use of alcohol.
- Provide *Naltrexone Information Sheet* to participant
- The other half of the participants will receive a harmless placebo that has no effect on them.
- The selection of participants to receive Naltrexone or placebo is by chance (like flipping a coin).
- Neither you nor I will know which injection you receive.

Be certain that the participant understands the rationale for the study and for the Alcohol Reduction and Medication Management intervention, and has no additional questions about the intervention before continuing to the next section.

Naltrexone Information Sheet

1. What is naltrexone, and how does it work?

Naltrexone is a medication that blocks the effects of drugs known as opiates, or narcotics (a class that includes morphine, heroin, or codeine). It competes with these drugs for opioid receptors in the brain. Originally used to treat dependence on opiate drugs, it now has also been approved by the U.S. Food and Drug Administration (FDA) as treatment for alcohol dependence. People who are dependent on opiate drugs, such as heroin or morphine, must stop their drug use at least 7 days before starting naltrexone. Some people should not take naltrexone, such as those suffering from chronic pain who rely on opioid painkillers or people with liver failure or acute hepatitis. Although the precise mechanism of action for naltrexone's effect is unknown, reports from successfully treated patients suggest the following three kinds of effects:

- Naltrexone can reduce the patient's urge or desire to drink.
- Naltrexone helps patients remain abstinent.
- Naltrexone can interfere with the patient's desire to continue drinking more if s/he slips and has a drink.

In most clinical trials evaluating the effectiveness of naltrexone, subjects who received naltrexone were significantly more successful in remaining abstinent and in avoiding relapse than were those receiving an inactive placebo pill.

2. Is it possible to become addicted to naltrexone?

No. Naltrexone is not habit forming or a drug of abuse. It does not cause users to become physically or psychologically dependent.

3. What are the side effects of naltrexone?

In a large open-label safety study on naltrexone, conducted by Dupont Pharma in 570 individuals with alcoholism, the most common side effects affected only a small minority of people; they included the following:

- Nausea (10% of participants)
- Headache (7% of participants)
- Depression (5-7% of participants)
- Dizziness (4% of participants)
- Fatigue (4% of participants)
- Insomnia (3% of participants)
- Anxiety (2% of participants)
- Sleepiness (2% of participants)

These side effects were usually mild and of short duration. The side effects, predominantly nausea, have been severe enough to cause 5 to 10 percent of people starting it to stop the medication. Patients usually report that they are largely unaware of being on naltrexone. Naltrexone usually has no psychological effects, and users do not feel either "high" or "down." Naltrexone can have toxic effects on the liver. A patient receives blood tests of liver function prior to the onset of treatment and regularly during treatment to determine if s/he should take it at all, if s/he should stop taking it, or if s/he experiences the relatively rare side effect of liver toxicity. Patients should report any side effects to their medical clinician.

4. What will happen if the patient drinks alcohol while taking naltrexone?

Naltrexone does not reduce the effects of alcohol that impair coordination and judgment. Naltrexone may reduce the feeling of intoxication and the desire to drink more, but it will not cause a severe physical response to drinking.

5. Is it all right to take other medications with naltrexone?

Patients should carry a card explaining that they are taking naltrexone, and it should instruct medical staff on pain management. Naltrexone does not reduce the effectiveness of local and general anesthesia used with surgery. However, it does block pain relief from opiate medications. Many pain medications that are not opiates are available. Patients having elective surgery should stop taking naltrexone at least 72 hours beforehand. The major active effect of naltrexone is on opiate (narcotic) drugs, which is one class of drugs used primarily to treat pain but is also found in some prescription cough preparations. Naltrexone will block the effect of normal doses of this type of drug. There are many nonnarcotic pain relievers patients can use while on naltrexone. Otherwise, naltrexone is likely to have little impact on other medications patients commonly use, such as antibiotics, nonopioid painkillers (e.g., aspirin, acetaminophen/Tylenol, ibuprofen/Motrin/Advil), and allergy medications. Patients should inform their medical clinician of the medication they are currently taking so that possible interactions can be evaluated. Because the liver breaks down naltrexone, other medications that can affect liver function may affect dose.

6. What will happen if a patient becomes pregnant while taking naltrexone?

Patients with the biological potential to have a child should be using an effective method of birth control while taking naltrexone. However, if they miss a menstrual period, they should report this to their medical clinician at once and take a pregnancy test. If a patient becomes pregnant, she will discontinue the medication. The medical clinician should continue to ask about her health throughout her pregnancy and also about the health of her baby after delivery.

7. What happens if the patient stops taking naltrexone suddenly?

Naltrexone does not cause physical dependence, and patients can stop taking it at any time without experiencing withdrawal symptoms.

8. If patients take naltrexone, does it mean that they don't need other treatment for alcohol dependence?

No. Research studies have shown that naltrexone was most effective when it was combined with treatment from professionals and/or mutual-support groups.

9. What is the relationship of naltrexone to AA and other mutual-support groups?

There is no contradiction between participating in support groups and taking naltrexone. In fact, one multisite study showed that naltrexone-taking subjects who attended mutual-support groups, such as AA, had better outcomes. It is most likely to be effective for patients whose goal is to stop drinking altogether. If other mutual-support group members caution against taking any medications, patients should refer them to the pamphlet "The AA Member—Medications and Other Drugs," which explicitly states that AA members should not "play doctor" and advise others on medication provided by legitimate, informed medical practitioners or treatment programs.

Part B. Assessment of Medication Adherence

This section describes conducting a timeline followback assessment of the participant's HIV medication adherence and alcohol use over the past week. Record the participant's responses in the appropriate sections of this workbook according to the following instructions.

Read: A key part of this intervention is monitoring your HIV medication and alcohol use. To start with, I will make a list of all of the medications you are currently taking and any special instructions for taking these medications, including number of times per day each one is taken, number of pills each time, and any dietary requirements.

Medication Name	Dose	Instructions
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Read: Were there any days in the last week when you missed taking any medications? If so, which dose or doses did you miss?

FOR CLIENTS WHO HAVE DIFFICULTY REMEMBERING, ASK: "What about yesterday? Were there any doses that you missed yesterday? How about the day before that?" It might be useful to jog the participant's memory by asking about activities or events that have happened during the week. This includes any birthdays, payday, holidays, anniversaries, parties, trips, vacations, etc.

Instructions: Use the table below to record missed medications. For each medication, starting with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed above, and the time of day or dose missed.

Last Week					Yesterday	Today
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:

Read: HIV medication can play a significant role in controlling your HIV infection and preventing you from becoming ill. These medications are most effective if you take all of them as prescribed and there can be problems with their effect if they are not taken on a regular basis. Some people, especially those who are drinking alcohol, find it difficult to take all of their medication as prescribed. If you are able to take all of your medication as prescribed, your body will be able to fight HIV and other infections much more successfully and this will make you healthier.

Part C. Assessment of Alcohol Use

Read: Now let's talk about your alcohol consumption. In the past week, have you used any alcohol?

(If yes:) I am going to ask you to recall the days you used alcohol in the past week, as well as the time of day when you started to drink and the time you stopped. Also, I will ask you to recall what you were drinking and the number of drinks you had on each day. We will use this alcohol conversion chart to help.

Instructions: Use the table below, starting with the column to the far right (labeled as "Today") and working to the left, to mark the days in which the participant used alcohol. Also note the time of day when the participant started drinking and the time when they stopped. Finally, note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____
Time drinking started: _____	Time drinking started: _____	Time drinking started: _____	Time drinking started: _____	Time drinking started: _____	Time drinking started: _____	Time drinking started: _____
Time drinking stopped: _____	Time drinking stopped: _____	Time drinking stopped: _____	Time drinking stopped: _____	Time drinking stopped: _____	Time drinking stopped: _____	Time drinking stopped: _____
# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____
# drinks/week _____		<p>Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women.</p> <p>Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.</p>				

Discuss Alcohol Use with Participant:

(Check each point when the participant demonstrates full understanding)

_____ You have consumed _____ drinks in the past week (Refer to table above).

_____ Go over the potential risks of alcohol consumption on the human body.

- Explain briefly what the liver does, and how alcohol can affect it (e.g., fat deposits, inflammation, scarring, and destruction of liver). Also, these affects can be exacerbated in the presence of HCV and ART.
- Explain that repeated heavy alcohol use can cause brain damage, memory problems, and psychological problems such as depression.

_____ Review other consequences of drinking (e.g., social, legal, economic).

_____ Recommend the participant reduce or stop drinking, and reiterate that this is a primary goal of this study and this intervention.

_____ Does the participant feel that it is important to them to reduce or to stop drinking? And if so, does the participant feel ready to do so?

Alcohol Conversion Chart



BEER (~5% alcohol)

- 12 oz. = 1 drink
- 16 oz. = 1.3 drinks
- 22 oz. = 2 drinks
- 40 oz. = 3.3 drinks

CASE of BEER = 24 drinks
2 CASES of BEER = 48 drinks

MALT LIQUOR (~7% alcohol)

- 12 oz. = 1.5 drinks
- 16 oz. = 2 drinks
- 22 oz. = 2.5 drinks
- 40 oz. = 4.5 drinks

WINE (~12% alcohol)

- 750 mL (25 oz.) bottle = 5 drinks

LIQUOR/SPIRITS (80 proof, ~40% alcohol)

- 1¼ oz. (shot) = 1 drink
- a mixed drink = 1 or more* drinks
- a pint (16 oz.) = 11 drinks
- a fifth (25 oz.) = 17 drinks
- 1.75 L (59 oz.) = 39 drinks

*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from 1 to ≥ 3 standard drinks.

Source: National Institute on Alcohol Abuse and Alcoholism

Part D. Behavior Monitoring Skills

This section introduces the participant to the concept of self-monitoring and provides a structured behavioral monitoring exercise to monitor alcohol use over the coming week.

An important part of changing your behavior, or breaking a habit, is to monitor your behavior. This includes identifying when you drink, what kinds of triggers make you more likely to drink, and tracking how much you drink. This will provide you with information that can help you manage your behavior, make better choices, and avoid situations where you are more likely to drink.

The first behavior monitoring task we will ask you to work on is tracking when and how much you drink over the next week. We will review this information when you come for your next session. There are several reasons why this is important:

- It will make you aware of your drinking patterns and how much you drink.
- It will help us to identify the triggers (people, places, situations) that make you more likely to drink.
- It gets you in the habit of monitoring your behavior.

If you get in the habit of tracking your behavior, at the end of the study you will be able to look back and see how much you have reduced your drinking as a result!

Instructions: Give the participant two copies of the *Behavior Monitoring Handout*. Review the handout and instructions. The participant is asked to record the number of standard alcoholic drinks (refer to the *Alcohol Conversion Chart*) consumed each day in the corresponding calendar space on the *Behavior Monitoring Handout*. Ideally, this will be done each evening before bed, or each morning upon waking, so that the recall time is minimized. At the end of each week, the total number of alcoholic drinks consumed is tallied and marked in the weekly column, and the number of drinks for the week can then be plotted on the *24 Week Drinking Chart*.

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a *24-Week Drinking Chart* will be kept up to date to track the participants drinking across the study. Put a mark on the *Chart* according to the participant's alcohol use over the past week.
- The next visit will discuss the pros and cons of drinking, work toward setting goals for reducing or stopping alcohol use, and prepare the participant to start monitoring triggers to drink alcohol for use in later sessions.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for two weeks from today.

Abbreviated Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____	Used Alcohol? (Yes/no) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

24-Week Drinking Chart

Use the Behavior Monitoring Handout to track weekly drinking on this chart. In the bottom row of the chart, record the number of drinks the participant consumed each week. Then make an X on that week's vertical line that corresponds with the number of drinks consumed in the first Column. Then, draw a line to connect the new X for the current week with the X for the prior week to plot a continuous line showing the number of drinks consumed across the course of the study.

# Drinks	<u>Week of Study</u>																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
43-44<																									
41-42																									
39-40																									
37-38																									
35-36																									
33-34																									
31-32																									
29-30																									
27-28																									
25-26																									
23-24																									
21-22																									
19-20																									
17-18																									
15-16																									
13-14																									
11-12																									
9-10																									
7-8																									
5-6																									
3-4																									
1-2																									
0																									
Write in # drinks for each Week:																									

Session One Checklist

	Completely Covered	Partially Covered	Not Covered
1. Goals for Intervention			
2. Naltrexone Information Sheet			
3. List of Medications			
4. Medication Adherence Table			
5. Alcohol Consumption Table			
6. Discuss alcohol use with participant			
7. Behavior Monitoring Handout			
8. 24-Week Drinking Chart			
9. Schedule next session			
10. Emphasize need for consistent attendance			

Session 2: Motivation to Change Drinking Behavior

Session Overview:

This session will review the participant's *Behavior Monitoring Handout* and assess the participant's motivation to reduce or stop drinking. Motivational enhancement exercises will be conducted to increase the participant's readiness to change drinking behavior, and goals for alcohol use reduction will be set. The participant will start monitoring triggers to drink in their Behavior Monitoring exercises.

Session Goals:

1. Assess participant readiness and motivation for changing drinking behavior
2. Set goals for alcohol use reduction
3. Introduce the concept of triggers for alcohol use

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Behavior monitoring handout (X2)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about their past week and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the last session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handout from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handout, use this to complete the worksheet, below.*

Finally, plot the participant's alcohol use over the past week on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol, note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____
Last Week					Yesterday	Today
Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____
# drinks/week _____		<u>Binge drinking:</u> in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. <u>Hazardous drinking:</u> consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Part B. Assessment of Participant Readiness to Change Drinking Behavior

This section assesses participant readiness to change their drinking behavior. This will start with an exercise outlining the pros and cons of drinking, and then the participant will rate the importance of, and readiness to, reducing or stopping alcohol use. The participant will then be asked to commit to goals based on this level motivation.

There are lots of reasons people use alcohol, just as there are lots of reasons to reduce or stop using alcohol. An important exercise in deciding how you would like to manage your alcohol use is to make your own list of pros and cons of drinking.

Instructions: Have the participant start to list the pros of using alcohol, and record them in the left column of the table below. Help the participant think through the things they like about using alcohol (e.g., how it feels, social and psychological benefits, how it tastes). When this list appears to be complete, have the participant switch to listing the cons of drinking, and record them in the right column of the table below (e.g., social and physical consequences, expense, health risks).

Pros of Drinking Alcohol	Cons of Drinking Alcohol
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.

Instructions: When the participant's list of pros and cons for drinking is complete, have the participant rate the relative importance of the various pros and cons (it can be useful to use a scale for this, such as rating each on a scale of importance from 1 to 10), and then discuss what this suggests for changing drinking behavior.

Note that the balance may be in favor of Pro alcohol use. If this is the case, it is appropriate to provide a friendly challenge to the participant's perspective. However, it is counter-productive to argue if the participant is convinced that the Pros outweigh the Cons. In this case, it is better to inquire about what it would take to shift the balance in favor of the Cons, and then to focus the intervention and goal setting toward shifting this balance. Also, the participant should be challenged to give reducing their alcohol use a try, just to see how it goes.

Instructions: Have the participant rate on a scale of 1 to 10 how ready they feel to stop using alcohol entirely, and record their answer in the space below. If the participant does not feel very ready to stop use, then enquire about their readiness to reduce their use of alcohol. Finally, have the participant rate how confident they feel on a scale of 1 to 10, and note their response below.

Readiness to Change:	Not at all			Somewhat				Very		
	1	2	3	4	5	6	7	8	9	10
How ready do you feel to stop using alcohol entirely?	1	2	3	4	5	6	7	8	9	10
How ready do you feel to reduce your use of alcohol?	1	2	3	4	5	6	7	8	9	10
How confident are you in your ability stop using alcohol entirely?	1	2	3	4	5	6	7	8	9	10
How confident are you in your ability to reduce your use of alcohol?	1	2	3	4	5	6	7	8	9	10

We are now going to set one or two specific goals about your alcohol use. While it is good to state a broad goal, such as "I will stop using alcohol," it is very helpful to form specific and achievable short-term goals that lead toward the long term goal, such as: "I will reduce my alcohol use from seven days a week to only four days a week over the next two weeks before our next session." It is okay to start toward a long term goal now, but we are specifically interested in setting a goal you can achieve in the next two weeks before we meet again for our third session.

Instructions: Based on the participant's readiness and confidence to change their alcohol use behavior, help them set and commit to at least one short-term goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

Part C. Introduction of the Concept of Triggers for Alcohol Use

This section introduces the concept of behavioral triggers, and instructs participants to start noticing triggers that prompt a desire to drink over the next two weeks.

A trigger is something that activates something. For example, the trigger on a gun activates the firing pin, and if there is a bullet in the gun, this causes it to shoot.

A behavioral trigger is something that sets off a behavior, such as drinking. For this intervention, we are going to consider anything that can activate a desire to use alcohol as a trigger.

Instructions: Instruct the participant that for the next two weeks they should try and notice when they have a desire to drink, whether they actually have a drink or not, and to see if they can identify what about that situation prompted them to think about drinking. This can be noted on the *Behavioral Monitoring Handout*, and discussed in the next session.

Different people have different triggers for using alcohol. Triggers can include things such as: a barbecue, a fight with a partner, being with friends, or Friday night. Triggers can also come from the outside, like being served a drink at a friend's house, or from the inside, such as feeling sad.

It is important to identify your triggers and learn to manage them. Otherwise, just like with a gun, once a trigger is activated, it can hard to stop the urge to drink.

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a 24 week drinking chart will be kept up to date to track the participant's drinking across the study.
- The next visit will discuss triggers for drinking alcohol.
- Over the next **two weeks**, the participant should continue to monitor alcohol use on the *Behavior Monitoring Handouts*, and should also start to note when they have a desire to drink, whether they actually do drink or not.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for two weeks from today.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Two Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Pros and Cons of Drinking			
6. Readiness to Change			
7. Short term goal for reducing alcohol use			
8. Review triggers			
9. Behavior Monitoring Handouts (X2)			
10. Schedule next session			
11. Emphasize need for consistent attendance			

Session 3: Triggers for Drinking Alcohol

Session Overview:

This session assesses possible triggers for drinking. It further provides education and rationale for understanding one's personal triggers for drinking. Finally, diaphragmatic breathing and Distraction skills are introduced and the participant is asked to practice these over the coming weeks.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review and assess participant triggers for drinking.
3. Introduce breathing and Distraction skills.

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Breathing Awareness Handout
5. Breathing Retraining Handout
6. Behavior Monitoring Handout (X2)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about their past two weeks and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the first session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use these to complete the worksheet, below.*

Finally, plot the participant's alcohol use since the last session on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as “Today”) and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol, note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____	Date: _____ Medications Missed: _____
Last Week					Yesterday	Today
Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____
# drinks/week _____		<p>Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women.</p> <p>Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.</p>				

Instructions: Plot the participant’s drinking on the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather, encourage the participant to do better.

Read: Last session you set an alcohol reduction goal to work toward between then and now. I would like to review this with you and see how far you have come toward accomplishing your goal.

Instructions: Review the participant’s goal, and their progress toward completing the goal. In doing so, address the following issues:

- How close has the participant come to completing the goal?

- Have there been any barriers toward obtaining the goal?
- What can be done to overcome these?
- Would the participant like to continue toward this goal, modify it, or set a new goal?

Instructions: Based on the participant's progress, help the participant commit to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

--

Part B. Assessing Triggers for Drinking

Instructions: Review possible triggers associated with drinking. **This should not be an exhaustive discussion**, but a quick review to build upon in later sessions.

Read: There are a number of things that may make people want to drink. These may include:

- (1) Urges and cravings,
- (2) Emotions,
- (3) Situations and environmental influences, and
- (4) Certain people and social situations.

Today we will discuss these triggers. We will then spend the next four sessions reviewing each of these categories as they relate to you. The reason we are discussing this is because often people are not aware of triggers for drinking and cannot discuss why they pick up a drink sometimes and not other times. Once you become aware of your thoughts and behaviors, it will be easier to change them.

1. Urges and Cravings

Read: Urges and cravings are wishes or desires to drink that occur regardless of whether you plan to drink or not. Sometimes urges and cravings come when you are reminded of drinking, and other times they can come out of the blue. You may be aware of a strong desire to drink even when you do not want or plan to drink.

Discuss Urges and Cravings with the Participant:

- Do you ever crave alcohol/having a drink?
- When or where do you notice this most? (Is it random or predictable—like whenever you pass a package store?)
- If participant notes an emotional, situational, or social trigger, skip ahead to the appropriate section.

2. Emotional Triggers

Read: Sometimes people want to drink when they experience strong emotions. For example, some people feel like drinking when they feel lonely or anxious. Also, some people feel like drinking to celebrate or when they feel happy or excited.

Discuss Emotional Triggers with the Participant:

- Do you drink, or want to drink, when you feel negative emotions (like sad, angry, or anxious) or positive emotions (like happy or excited)?
- What kinds of things make you feel this way, and how often do they happen?

3. Situational and Environmental Triggers

Read: There are also situational or environmental cues that may trigger a desire to drink. These can be stressful events and routines, and may be part of your everyday life and something you generally do not think about, like a stressful job.

Discuss Situational and Environmental Triggers with the Participant:

- Do you drink, or want to drink, in certain situations or places (like being in a bar, when watching TV, or unwinding after a hard day)?
- What kinds of situations, activities, or places make you feel this way? How often does this happen?

4. Social Triggers

Read: Many social events tend to be tied to drinking (birthdays, holidays). Also, relationships with friends and/or family members may revolve around drinking.

Discuss Social Triggers with the Participant:

- Do you drink, or want to drink, at celebrations, parties, or on Holidays?
- How about when you are with friends and family members who drink?
- What events and which people trigger a desire to drink? How often does this happen?

Part C. Skill Building: Distraction

This section introduces cognitive and behavioral distraction as a method to keep from acting on Urges and Cravings. The participant will be taught to focus on their breathing, and will be asked to come up with two additional distraction techniques they can use, and will be asked to practice these over the coming weeks.

Read: One skill that you can use to keep from acting on triggers to drink is distraction. Urges, cravings, and emotions will all go away in time, and it can help you to not drink if you think about or do something different until the urge to drink is gone. One way to distract yourself when you feel a sudden intense emotion like fear, anger, or anxiety, or craving to drink, is to focus on your breathing.

Instructions: Review *Breathing Awareness* and *Breathing Retraining Handouts*.

Diaphragmatic breathing, or deep breathing through the belly, is a very useful skill that is calming and stabilizing. Have the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Read: Taking deep breaths like this and counting to ten is usually a good way to calm down when you get upset, angry, or stressed, and gives you time to think before you act. When you feel an urge or craving to drink, it is a good way to short-circuit the urge and build your will to say no or do something else.

Instructions: Now ask the participant to think of two other things they can do to distract themselves. These should be skills or activities that the participant is already able to do, and can include things like listening to music, calling a friend, watching TV, praying, going for a walk, taking a bath, making tea, etc.

Participant Distraction Strategies
1.
2.

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a 24 week drinking chart will be kept up to date to track the participants drinking across the study.

- The next visit will discuss Urges and Cravings for drinking alcohol.
- Over the next **two weeks**, the participant should practice diaphragmatic, or belly, breathing, as well as the two identified distraction strategies.
- Over the next **two weeks**, the participant should continue to monitor alcohol use on the *Behavior Monitoring Handouts*, and should also start to note when they have a desire to drink, whether they actually do drink or not.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for two weeks from today.

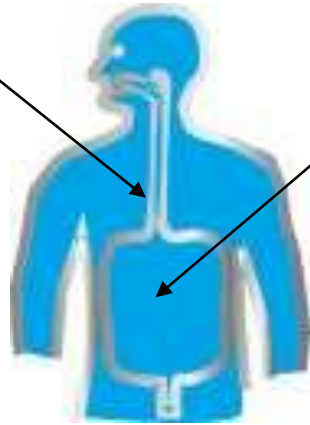
Breathing Awareness

Although breathing is necessary for life, most people take it for granted. Improper breathing can contribute to anxiety, panic attacks, muscle tension, and headaches.

When you breathe, you normally use one of two patterns:

(1) Chest breathing

(2) Abdominal or belly breathing



Chest breathing is often associated with anxiety. It's shallow and generally irregular and rapid.

On the other hand, abdominal or belly breathing is the natural breathing of infants and sleeping adults. This type of breathing is associated with relaxation and is even.

By shifting to abdominal breathing, you can reduce muscle tension and anxiety. It is the easiest way to induce the relaxation response.

Breathing Retraining

1. If you feel comfortable to do so, you may close your eyes. Put your right hand on your abdomen, right at the waistline, and put your left hand on your chest, right in the center.
2. Without trying to change your breathing, just notice how you are breathing. Which hand rises the most as you inhale – the hand on your chest or the hand on your belly?

If the hand on your stomach rises, your abdomen is expanding. This means you are breathing from your abdomen or diaphragm.

If your belly doesn't move or moves less than your chest, then you are breathing from your chest.

3. To shift from chest to abdominal breathing, breathe fully once or twice to push air out from the bottom of your lungs.
4. Take a normal belly breath in through your nose with your mouth closed.
5. Breathe out slowly.
6. While exhaling, say the word "relax" or "calm" or any other relaxing word very slowly – for example, "c-a-a-a-l-l-m-m-m" or "r-e-e-e-e-e-l-a-x."
7. Count slowly to 4 and then breathe in again.
8. Practice this exercise at least once a day, taking 10 – 20 breaths in each practice.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Three Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Urges and Cravings			
6. Emotional Triggers			
7. Situational and Environmental Triggers			
8. Social Triggers			
9. Diaphragmatic, or Belly, Breathing			
10. Participant Distraction Strategies			
11. Behavior Monitoring Handouts (X2)			
12. Schedule next session			
13. Emphasize need for consistent attendance			

Session 4: Urges and Cravings

Session Overview:

This session focuses on managing urges and cravings the participant may be experiencing that contribute to alcohol consumption. This session reviews distraction and breathing skills, and alcohol reduction goals for the intervention, and introduces new Alcohol Reduction Skills.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review and discuss urges and cravings using *Behavior Monitoring Handouts*.
3. Review and discuss use of breathing and distraction skills.
4. Teach new Alcohol Reduction Skills

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Behavior monitoring handout (X2)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about the past two weeks and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the first session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use them to complete the worksheet, below.*

Finally, plot the participant's alcohol use since the last session on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the

corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol, note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week						Yesterday	Today
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:
Last Week						Yesterday	Today
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____
Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:
Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:
# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____
# drinks/week _____		<p>Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women.</p> <p>Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.</p>					

Instructions: Plot the participant’s drinking on the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather, encourage the participant to do better.

Part B. Review and Discuss Urges and Cravings

Instructions: Use the *Behavior Monitoring Handouts* to review the participant's urges and cravings to drink. If the participant did not complete the *Behavior Monitoring Handouts*, briefly inquire about urges and cravings over the last week using the *Alcohol Consumption Table* in Part A, above.

Read: In our last session, we discussed urges and cravings to drink. Each day when you complete your *Behavior Monitoring Handout*, you should be keeping track of these urges and cravings when they happen. The reason I am asking you to keep track of your urges and cravings is that the earlier you notice an urge, craving, or trigger, the easier it is to resist. For example, it is much easier to resist taking a drink when you are standing outside of a bar than when you are sitting in the bar with a drink in front of you.

Read: There are two strategies for resisting urges, cravings, and triggers that we will focus on. The first is noticing the urge or trigger early when it is easy to resist. The second is using breathing and distraction to manage the urge until it fades.

Instructions: Ask the participant to use the *Behavior Monitoring Handouts* to identify a time since the last session when s/he had a strong urge or craving to drink, but did not have a drink. If the participant did not complete the *Handouts*, ask them to think of a time since the last session when they had a strong urge or craving to drink, but did not have a drink. If the participant reports drinking whenever they have an urge or craving, then skip to the next section.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Why do they think they had a strong desire to drink then?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- How did they manage the urge to drink without drinking?

Instructions: Now ask the participant to use the *Behavior Monitoring Handouts* to identify his/her most recent drinking episode. If the participant did not complete the *Handouts*, or if they did not consume any alcohol since the session, ask them to think of the last time they drank.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?

- Did they notice an urge to drink prior to consuming alcohol?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- What kept them from managing the urge to drink?
- What do they think they could have done differently to keep from drinking in that situation?

The goal of these exercises is to get participants to notice urges, cravings, and triggers early and before they become strong, as they are easier to resist. If the participant does not have actual experiences with urges, cravings, and triggers that they can discuss in session, use hypothetical situations.

Part C. Review and Discuss Use of Breathing and Alcohol Reduction Skills

This section continues breathing and Alcohol Reduction skill-building to keep from acting on Urges and Cravings. The participant will be introduced to additional Alcohol Reduction techniques, and will be asked to practice these over the coming weeks.

Instructions: Ask the participant if s/he practiced diaphragmatic breathing since the last session, and how that went. Take a moment to practice this with the participant by having the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Instructions: Now ask the participant if s/he practiced distraction strategies to help manage urges or cravings.

Provide an introduction of additional Alcohol Reduction skills using material from the next section.

Read: Stopping or reducing your drinking can be difficult. But I want to assure you that over time, handling your urges gets easier. There are a number of strategies that you could possibly use to deal with your urges and cravings. Some useful strategies for distracting yourself or resisting urges and cravings are:

- (1) Delay before acting
- (2) Thinking about negative consequences of drinking
- (3) Thinking about positive consequences of not drinking

1. Delay before acting

Instructions: Ask the participant to think of two ways they can delay themselves before acting. These should be skills or activities that the participant is already able to do, and can include things like counting to ten, diaphragmatic breathing, reminding themselves that urges will pass, etc.

Participant Delay Strategies
1.
2.

2. Negative Consequences of Drinking

Instructions: Ask the participant to think of two negative consequences of drinking that they can use to resist acting on urges and cravings. These should be consequences that are important to the participant, and can include things like negative health impact, legal consequences, interferes with adherence, etc.

Participant's Negative Consequences of Drinking
1.
2.

3. Positive Consequences of not Drinking

Instructions: Ask the participant to think of two positive consequences of not drinking that they can use to resist acting on urges and cravings. These should be consequences that are important to the participant, and can include things like improved relationships, saving money, no hangovers, better sleep, etc.

Participant's Positive Consequences of not Drinking
1.
2.

Let's review your progress toward achieving your short-term goal about your alcohol use. We should decide whether you want to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below.

Instructions: Based on the participant's progress, help the participant commit to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted

- Finally, a 24 week drinking chart will be kept up to date to track the participants drinking across the study.
- The next visit will discuss Emotional Triggers for drinking alcohol.
- Over the next **two weeks**, the participant should practice diaphragmatic, or belly, breathing, as well as the identified Alcohol Reduction strategies.
- Over the next **two weeks**, the participant should continue to monitor alcohol use on the *Behavior Monitoring Handouts*, and should note when they have a desire to drink, whether they actually do drink or not.
- For the next session, participants should focus on noting if certain strong emotions, either positive or negative, increase their desire to drink.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for two weeks from today.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Four Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Noticing Urges and Cravings			
6. Diaphragmatic, or Belly, Breathing			
7. Delay before acting strategies			
8. Negative consequences of drinking			
9. Positive consequences of not drinking			
10. Short term goal review			
11. Behavior Monitoring Handouts (X2)			
12. Schedule next session			
13. Emphasize need for consistent attendance			

Session 5: Managing Emotional Triggers

Session Overview:

This session focuses on managing Emotional Triggers to drinking the participant may be experiencing that contribute to alcohol consumption. It also reviews and continues developing Alcohol Reduction and breathing skills.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review and discuss urges and cravings using *Behavior Monitoring Handouts*.
3. Review and discuss use of breathing and Alcohol Reduction skills.

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Behavior monitoring handout (X2)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about the past two weeks and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the first session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use them to complete the worksheet, below.*

Finally, plot the participant's alcohol use since the last session on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol,

note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:
Last Week					Yesterday	Today
Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____
# drinks/week _____		<p>Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women.</p> <p>Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.</p>				

Instructions: Plot the participant’s drinking on the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather, encourage the participant to do better.

Part B. Review and Discuss Emotional Triggers to Drink

Instructions: Use the *Behavior Monitoring Handouts* to review the participant's urges and cravings to drink. If the participant did not complete the *Behavior Monitoring Handouts*, briefly inquire about urges and cravings over the last week using the *Alcohol Consumption Table* in Part A, above.

Read: In our last session, we discussed urges and cravings to drink. Each day when you complete your *Behavior Monitoring Handout*, you should be keeping track of these urges and cravings when they happen. The reason I am asking you to keep track of your urges and cravings is that the earlier you notice an urge, craving, or trigger, the easier it is to resist. For example, it is much easier to resist taking a drink when you are standing outside of a bar than when you are sitting in the bar with a drink in front of you.

Today I want to focus on urges and cravings that follow a strong emotion. This can be a negative emotion, like being sad, angry, or scared; or it can be a positive emotion, like being happy or excited. When you think of the times you had an urge to drink since our last session, did any of these urges happen when you were feeling a strong emotion?

Instructions: Ask the participant to use the *Behavior Monitoring Handouts* to identify a time since the last session when s/he had an urge or craving to drink that corresponded with a strong emotion, but they did not have a drink. If the participant did not complete the *Handouts*, ask them to think of a time since the last session when they had an urge or craving to drink that corresponded with a strong emotion, but they did not have a drink. If the participant reports drinking whenever they have an urge or craving, then skip to the next section.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Why do they think they had a strong desire to drink then?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- How did they manage the urge to drink without drinking?

Instructions: Now ask the participant to use the *Behavior Monitoring Handouts* to identify a recent drinking episode where they recall a strong emotion around the time they started drinking. If the participant did not complete the *Handouts*, or if they did not consume any alcohol since the session, ask them to think of a recent drinking episode where they recall a strong emotion around when they drank.

Once an appropriate episode is identified, ask the following questions:

- Where were they?

- What was happening at the time?
- Who were they with?
- What were they feeling?
- Did they notice an urge to drink prior to consuming alcohol?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- What kept them from managing the urge to drink?
- What do they think they could have done differently to keep from drinking in that situation?

The goal of these exercises is to get participants to notice urges, cravings, and triggers early and before they become strong, as they are easier to resist. If the participant does not have actual experiences with urges, cravings, and triggers that they can discuss in session, use hypothetical situations.

Part C. Review and Discuss Use of Breathing and Alcohol Reduction Skills

This section continues breathing and Alcohol Reduction skill-building to keep from acting on Urges, Cravings, and Emotional Triggers. The participant will be introduced to additional Alcohol Reduction techniques, and will be asked to practice these over the coming weeks.

Instructions: Ask the participant if s/he practiced diaphragmatic breathing since the last session, and how that went. Take a moment to practice this with the participant by having the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Instructions: Now ask the participant if s/he practiced Alcohol Reduction strategies to help manage urges or cravings.

Provide an introduction of additional Alcohol Reduction skills using material from the next section.

Read: Stopping or reducing your drinking can be difficult. But I want to assure you that over time, handling your urges gets easier. There are a number of strategies that you could possibly use to deal with your urges and cravings. Some useful strategies for distracting yourself or resisting Emotional Triggers are:

- (1) Improve the moment
- (2) Do something relaxing

1. Improve the moment

Instructions: Ask the participant to think of two ways they can improve the moment they are in. These can be either cognitive or behavioral strategies, and should be skills or activities that the participant is already able to do. Strategies can include things like focusing on the positives, making comparisons (at least I am not...), talk to someone, leave a bad situation (go for a walk, take a nap), do something pleasurable, remind oneself that emotions and urges pass, smile, dance, etc.

Participant Improve the Moment Strategies
1.
2.

2. Do something relaxing

Instructions: Ask the participant to think of two activities they can use to relax when they experience a strong emotion may trigger drinking. These should be skills or activities that the participant is already able to do, and can include things like counting to ten, diaphragmatic breathing, progressive muscle relaxation, yoga, sleeping, taking a bath, enjoying nature, calming music, etc.

Participant's Relaxation Strategies
1.
2.

Instructions: Based on the participant's readiness and confidence to change their alcohol use behavior, help them set and commit to at least one short-term goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a 24 week drinking chart will be kept up to date to track the participants drinking across the study.
- The next visit will discuss Social Triggers for drinking alcohol.
- Over the next **four weeks**, the participant should practice diaphragmatic, or belly, breathing, as well as the identified Alcohol Reduction strategies.
- Over the next **four weeks**, the participant should continue to monitor alcohol use on the *Behavior Monitoring Handouts*, and should note when they have a desire to drink, whether they actually do drink or not.
- For the next session, participants should focus on noting if certain social interactions or being with certain people increase their desire to drink.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for four weeks from today.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Five Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Noticing Urges and Cravings			
6. Diaphragmatic, or Belly, Breathing			
7. Improve the moment strategies			
8. Do something relaxing strategies			
9. Short term goal review			
10. Behavior Monitoring Handouts (X4)			
11. Schedule next session			
12. Emphasize need for consistent attendance			

Session 6: Managing Social Triggers

Session Overview:

This session focuses on managing Social Triggers the participant may be experiencing that contribute to alcohol consumption. It also reviews and continues developing Alcohol Reduction and breathing skills.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review and discuss urges and cravings using *Behavior Monitoring Handouts*.
3. Review and discuss use of breathing and Alcohol Reduction skills.

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Behavior monitoring handout (X4)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about the past two weeks and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the first session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use them to complete the worksheet, below.*

Finally, plot the participant's alcohol use since the last session on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol,

note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:
Last Week					Yesterday	Today
Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks _____
# drinks/week _____		<u>Binge drinking</u> : in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. <u>Hazardous drinking</u> : consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Instructions: Plot the participant’s drinking on the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather, encourage the participant to do better.

Part B. Review and Discuss Social Triggers to Drink

Instructions: Use the *Behavior Monitoring Handouts* to review the participant's urges and cravings to drink. If the participant did not complete the *Behavior Monitoring Handouts*, briefly inquire about urges and cravings over the last week using the *Alcohol Consumption Table* in Part A, above.

Read: In our last session, we discussed urges and cravings to drink. Each day when you complete your *Behavior Monitoring Handout*, you should be keeping track of these urges and cravings when they happen. The reason I am asking you to keep track of your urges and cravings is that the earlier you notice an urge, craving, or trigger, the easier it is to resist. For example, it is much easier to resist taking a drink when you are standing outside of a bar than when you are sitting in the bar with a drink in front of you.

Today I want to focus on urges and cravings that follow a social interaction or being with certain people. Some social interactions, like an argument or fight, or being at a celebration, can make people want to drink. And some people can trigger a desire to drink, particularly people you are used to drinking with. When you think of the times you had an urge to drink since our last session, did any of these urges happen in a social situation or around certain people?

Instructions: Ask the participant to use the *Behavior Monitoring Handouts* to identify a time since the last session when s/he had an urge or craving to drink that corresponded with a social situation or a particular person, but they did not have a drink. If the participant did not complete the *Handouts*, ask them to think of a time since the last session when they had an urge or craving to drink that corresponded with a social situation or a particular person, but they did not have a drink. If the participant reports drinking whenever they have an urge or craving, then skip to the next section.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Why do they think they had a strong desire to drink then?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- How did they manage the urge to drink without drinking?

Instructions: Now ask the participant to use the *Behavior Monitoring Handouts* to identify a recent drinking episode where they recall a social situation or being with a particular person around the time they started drinking. If the participant did not complete the *Handouts*, or if they did not consume any alcohol since the session, ask them to think of a recent drinking episode where they recall a social situation or being with a particular person around the time when they drank.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Did they notice an urge to drink prior to consuming alcohol?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- What kept them from managing the urge to drink?
- What do they think they could have done differently to keep from drinking in that situation?

The goal of these exercises is to get participants to notice urges, cravings, and triggers early and before they become strong, as they are easier to resist. If the participant does not have actual experiences with urges, cravings, and triggers that they can discuss in session, use hypothetical situations.

Part C. Review and Discuss Use of Breathing and Alcohol Reduction Skills

This section continues breathing and Alcohol Reduction skill-building to keep from acting on Urges, Cravings, and Social Triggers. The participant will be introduced to additional Alcohol Reduction techniques, and will be asked to practice these over the coming weeks.

Instructions: Ask the participant if s/he practiced diaphragmatic breathing since the last session, and how that went. Take a moment to practice this with the participant by having the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Instructions: Now ask the participant if s/he practiced Alcohol Reduction strategies to help manage urges or cravings.

Provide an introduction of additional Alcohol Reduction skills using material from the next section.

Read: Stopping or reducing your drinking can be difficult. But I want to assure you that over time, handling your urges gets easier. There are a number of strategies that you could possibly use to deal with your urges and cravings. Some useful strategies for distracting yourself or resisting urges and cravings are:

- (1) Drink Refusal
- (2) Seek Social Support
- (3) Seek Spiritual Support

1. Drink Refusal

Instructions: Ask the participant to think of two ways they can refuse drinks in social settings if they are offered. These can include things like a simple “no thank you,” “Not today,” stating “I am trying to quit,” to responding to persistent offers with statements like “if you really care about me, you won’t offer me a drink,” to leaving a situation if it is too difficult to remain while others drink.

Participant Drink Refusal Strategies
1.
2.

2. Seek Social Support

Instructions: Ask the participant to think of two ways they can obtain social support for reducing or stopping drinking. These should be skills or activities that the participant is already able to do, and can include talking to a partner or loved one and getting their support, finding a supportive friend they can call when they are having urges or cravings, having a supportive or non-drinking friend they can take with them when they go to places that may trigger cravings to drink, stopping hanging around with people that are bad influences or who encourage them to drink, joining groups like alcoholics anonymous, etc.

Participant's Social Support Seeking Strategies
1.
2.

3. Seek Spiritual Support

Instructions: Ask the participant to think of two ways they can obtain spiritual support for reducing or stopping drinking. These should be skills or activities that the participant is already able to do, and can include meditation, praying, attending worship services, joining groups like alcoholics anonymous, etc.

Participant's Spiritual Support Seeking Strategies
1.
2.

Instructions: Based on the participant's readiness and confidence to change their alcohol use behavior, help them set and commit to at least one short-term goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a 24 week drinking chart will be kept up to date to track the participants drinking across the study.

- The next visit will discuss Situational and Environmental Triggers for drinking alcohol.
- Over the next **four weeks**, the participant should practice diaphragmatic, or belly, breathing, as well as the identified Alcohol Reduction strategies.
- Over the next **four weeks**, the participant should continue to monitor alcohol use on the *Behavior Monitoring Handouts*, and should note when they have a desire to drink, whether they actually do drink or not.
- For the next session, participants should focus on noting if certain situations, events, or environments (places) increase their desire to drink.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for **four weeks** from today.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Six Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Noticing Urges and Cravings			
6. Diaphragmatic, or Belly, Breathing			
7. Drink refusal strategies			
8. Social support seeking strategies			
9. Spiritual support seeking strategies			
10. Short term goal review			
11. Behavior Monitoring Handouts (X4)			
12. Schedule next session			
13. Emphasize need for consistent attendance			

Session 7: Managing Situational and Environmental Triggers

Session Overview:

This session focuses on managing Situational and Environmental Triggers the participant may be experiencing that contribute to alcohol consumption. It also reviews Alcohol Reduction and breathing skills, and revisits alcohol reduction goals for the intervention.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review and discuss urges and cravings using *Behavior Monitoring Handouts*.
3. Review and discuss use of breathing and Alcohol Reduction skills.

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart
4. Behavior monitoring handout (X4)

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about the past four weeks and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the first session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

*Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. **This should be a priority to reinforce the importance of completing this and tracking the participant's alcohol use over time.** If the participant has not completed this, remind them of the importance of doing this, and then assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use them to complete the worksheet, below.*

Finally, plot the participant's alcohol use since the last session on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left,

mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time of day or dose missed. Also mark the days in which the participant used alcohol, note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:	Medications Missed:
Last Week					Yesterday	Today
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____	Used Alcohol? _____
Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:	Time drinking started:
Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:	Time drinking stopped:
# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____	# drinks _____
# drinks/week _____	<p>Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women.</p> <p>Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.</p>					

Instructions: Plot the participant's drinking on the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather, encourage the participant to do better.

Part B. Review and Discuss Situational and Environmental Triggers to Drink

Instructions: Use the *Behavior Monitoring Handouts* to review the participant's urges and cravings to drink. If the participant did not complete the *Behavior Monitoring Handouts*, briefly inquire about urges and cravings over the last week using the *Alcohol Consumption Table* in Part A, above.

Read: In our last session, we discussed urges and cravings to drink. Each day when you complete your *Behavior Monitoring Handout*, you should be keeping track of these urges and cravings when they happen. The reason I am asking you to keep track of your urges and cravings is that the earlier you notice an urge, craving, or trigger, the easier it is to resist. For example, it is much easier to resist taking a drink when you are standing outside of a bar than when you are sitting in the bar with a drink in front of you.

Today I want to focus on urges and cravings that you may have in certain situations or events (like at a party or after a stressful day), or in certain places or environments (like at a bar or at a friend's house). When you think of the times you had an urge to drink since our last session, did any of these urges happen before, during, or after certain situations or events, or when you were going to or were at certain places?

Instructions: Ask the participant to use the *Behavior Monitoring Handouts* to identify a time since the last session when s/he had an urge or craving to drink that corresponded with a certain situation or event, or a particular place or environment, but where they did not have a drink. If the participant did not complete the *Handouts*, ask them to think of a time since the last session when they had an urge or craving to drink that corresponded with a certain situation or event, or a particular place or environment, but where they did not have a drink. If the participant reports drinking whenever they have an urge or craving, then skip to the next section.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Why do they think they had a strong desire to drink then?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- How did they manage the urge to drink without drinking?

Instructions: Now ask the participant to use the *Behavior Monitoring Handouts* to identify a recent drinking episode where they recall a certain situation or event, or being at a particular place or environment, around the time they started drinking. If the participant did not complete the *Handouts*, or if they did not consume any

alcohol since the session, ask them to think of a recent drinking episode where they recall a being in a certain situation or event, or at a particular place or environment, around the time when they drank.

Once an appropriate episode is identified, ask the following questions:

- Where were they?
- What was happening at the time?
- Who were they with?
- What were they feeling?
- Did they notice an urge to drink prior to consuming alcohol?
- At what point did they notice the urge to drink?
- How strong was the urge on a scale of 1 to 10?
- What kept them from managing the urge to drink?
- What do they think they could have done differently to keep from drinking in that situation?

The goal of these exercises is to get participants to notice urges, cravings, and triggers early and before they become strong, as they are easier to resist. If the participant does not have actual experiences with urges, cravings, and triggers that they can discuss in session, use hypothetical situations.

Part C. Review and Discuss Use of Breathing and Alcohol Reduction Skills

This section continues breathing and Alcohol Reduction skill-building to keep from acting on Urges, Cravings, and Situational and Environmental Triggers. The participant will be introduced to additional Alcohol Reduction techniques, and will be asked to practice these over the coming weeks.

Instructions: Ask the participant if s/he practiced diaphragmatic breathing since the last session, and how that went. Take a moment to practice this with the participant by having the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Instructions: Now ask the participant if s/he practiced Alcohol Reduction strategies to help manage urges or cravings.

Provide an introduction of additional Alcohol Reduction skills using material from the next section.

Read: Stopping or reducing your drinking can be difficult. But I want to assure you that over time, handling your urges gets easier. There are a number of strategies that you could possibly use to deal with your urges and cravings. Some useful strategies for distracting yourself or resisting urges and cravings are:

- (1) Consuming alternate food or drink
- (2) Engaging in alternate behaviors
- (3) Avoiding the situation or environment that triggers drinking

1. Consuming alternate food or drink

Instructions: Ask the participant to think of two food or drink choices they can substitute for alcohol when in situations where they are triggered to drink. These can include ordering a soda or tea instead of an alcoholic beverage, eating fruit or a sweet in place of sweeter drinks, or eating foods that tend to occupy the mouth such as sunflower seeds, pretzels, or chewing gum, etc.

Participant Alternate Food or Drink Strategies
1.
2.

2. Engaging in alternate behavior

Instructions: Ask the participant to think of two alternate behaviors they can engage in when they are in situations or places where they are triggered to drink. These should be skills or activities that the participant is already able to do, and can include going for a walk, talking to someone who is not drinking, reading, diaphragmatic breathing, leaving the place or situation, etc.

Participant's Alternate Behavior Strategies
1.
2.

3. Avoiding the Situation or Environment

Instructions: Ask the participant to think of two strategies to avoid situations or environments that may trigger drinking, or if the situation is not avoidable, how to plan ahead to manage the situation. These should be skills or activities that the participant is already able to do, and can include not going to a place that triggers drinking, finding a supportive person to go with, finding alternate routes to avoid triggering places (such as bars or package stores), find other places to go or activities to engage in, etc.

It is important to emphasize to the participant that, in general, avoidance is associated with negative outcomes and that it is usually better to address problems directly and planfully rather than avoid them. However, avoiding a situation that is likely to lead to alcohol use can be a good strategy until appropriate coping skills are developed to allow navigation of a triggering situation without drinking.

Participant's Strategies for Avoiding Triggering Situations and Places
1.
2.

Instructions: Remind the participant that the next session is the last.

When we meet next in four weeks, it will be our last session. As this is our second to last meeting, let's review your progress toward achieving your short-term goal about your alcohol use. We should decide whether you want to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below.

Instructions: Based on the participant's progress, help the participant commit to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below.

Short Term Goal for Stopping or Reducing Alcohol Use

Closing the Session:

- Remind the participant that the *Behavior Monitoring Handouts* will be reviewed at each visit across the 8 intervention sessions.
- Also, at each session a weekly assessment of HIV medication adherence and alcohol use will be conducted
- Finally, a 24 week drinking chart will be kept up to date to track the participants drinking across the study.
- The next visit will discuss Relapse Prevention.
- Over the next **four weeks**, the participant should practice diaphragmatic, or belly, breathing, as well as the identified Alcohol Reduction strategies.
- Over the next **four weeks**, the participant should continue to monitor alcohol use and desires to use on the *Behavior Monitoring Handouts*.

Ask if the participant has any further questions or concerns, and then schedule the next appointment for four weeks from today.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Seven Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Review Behavior Monitoring Handout			
3. Adherence and Alcohol Consumption Table			
4. 24-Week Drinking Chart			
5. Noticing Urges and Cravings			
6. Diaphragmatic, or Belly, Breathing			
7. Alternate food or drink strategies			
8. Alternate behavior strategies			
9. Avoiding triggering situations/places strategies			
10. Short term goal review			
11. Behavior Monitoring Handouts (X4)			
12. Schedule next session			
13. Emphasize need for consistent attendance			

Session 8: Relapse Prevention

Session Overview:

This is the last session of the Brief Alcohol Reduction intervention, and is used to review the participant's drinking pattern across the course of the intervention, the skills the participant has learned and utilized, and goals set during the intervention. The participant will be asked to set post-intervention goals and review skills to manage Emotional Triggers as these have the strongest link to relapse.

Session Goals:

1. Review medication adherence and alcohol consumption since the last session.
2. Review participant's 24 week drinking chart
3. Review the use of breathing and Alcohol Reduction skills across the intervention.
4. Discuss relapse and review skills for managing Emotional Triggers.
5. Set post-intervention goals.

Material Needed:

1. Intervention workbook
2. Alcohol conversion chart
3. 24-week Drinking Chart

Part A. Assessing Medication Adherence and Alcohol Use

Start the session by checking in with the participant about their past week and any problems that they may be having that may be side effects of medication. Do not prompt for side effects, but listen for complaints that may signify medication side effects and follow up as necessary.

Ask about their adherence to HIV medications, using the list from the last session as a guide. Ask if there has been any change to the medications on the list, and then assess adherence over the past week on the worksheet below.

Next, review the participant's alcohol Behavior Monitoring Handouts from the last session. If the participant has not completed this, assess alcohol use over the past week on the worksheet, below. If the participant has completed the Behavior Monitoring Handouts, use these to complete the worksheet, below.

Finally, plot the participant's alcohol use over the past week on the 24-Week Drinking Chart to track drinking over time.

Instructions: Use the table below to record missed medications and alcohol use. Start with the column to the far right (labeled as "Today") and working to the left, mark the days in which the participant missed taking a medication by noting the corresponding number from the medication list completed in Session 1 and the time

of day or dose missed. Also mark the days in which the participant used alcohol, note the time of day when the participant started drinking and the time when they stopped, and note what the participant was drinking on each occasion and use the alcohol conversion chart to compute the number of standard drinks that were consumed on each day over the prior week.

Last Week					Yesterday	Today
Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:	Date: _____ Medications Missed:
Last Week					Yesterday	Today
Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____	Date: _____ Used Alcohol? _____ Time drinking started: _____ Time drinking stopped: _____ # drinks ____
# drinks/week _____		<u>Binge drinking</u> : in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. <u>Hazardous drinking</u> : consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Instructions: Plot the participant's drinking to complete the 24-Week Drinking Chart, and review this with the participant. Make sure to reinforce improvements by praising and congratulating the participant for reducing their alcohol use. If use has been maintained or increased, do not criticize this. Rather encourage the participant to do better.

Part B. Review and Discuss Use of Breathing and Alcohol Reduction Skills

Instructions: Ask the participant what they have found to be their biggest triggers for alcohol use. Then Review the Alcohol Reduction Skills that have been introduced throughout the course of the intervention, and which Skills the participant has found to be the most helpful in managing urges, cravings, and triggers.

Read: Over the past months while we have been meeting, we have talked about a variety of emotions, situations, people, and places that can trigger an urge to drink. What things have you found to be the biggest triggers for you?

Instructions: Note two to four triggers that the participant feels are particularly salient for bringing on an urge to drink alcohol.

Key Participant Triggers to Drink
1.
2.
3.
4.

Read: Over the last session sessions we have reviewed a number of strategies that you could possibly use to deal with your urges and cravings. These have included:

Managing Urges and Craving

- (1) Delay before acting
- (2) Thinking about negative consequences of drinking
- (3) Thinking about positive consequences of not drinking

Managing Emotional Triggers

- (4) Improve the moment
- (5) Doing something relaxing

Managing Social Triggers

- (6) Drink refusal
- (7) Seek social support
- (8) Seek spiritual support

Managing Situational and Environmental Triggers

- (9) Consuming alternative food or drink
- (10) Engaging in alternative behaviors
- (11) Avoidance

Instructions: Note two to four alcohol reduction skills that the participant feels are helpful to them in managing their key triggers to drink, and that they feel some confidence in their ability to perform.

Key Alcohol Reduction Strategies for Managing Urges, Cravings, and Triggers
1.
2.
3.
4.

Instructions: Review the participant's use of these strategies over the course of the study and positively reinforce their successes (offering praise and congratulations). Additionally, offer encouragement for future use of these skills.

Part C. Review and Discuss Use of Alcohol Reduction Skills to Manage Emotional Triggers

This section reviews breathing and alcohol reduction skill-building to keep from acting on Urges, Cravings, and Emotional Triggers. Emotional triggers are the focus as negative emotions are the strongest predictor of relapse. It may be worthwhile to remind the participant of their responses to this section from Session 5.

Instructions: Ask the participant if s/he practiced diaphragmatic breathing since the last session, and how that went. Take a moment to practice this with the participant by having the participant place one hand on his/her chest and one on his/her belly, and focus on breathing deeply (through the nose is best). The goal is to breathe through the belly without moving the chest. Have the participant focus on his/her hands, and try to breathe so that the hand on the chest is still while the one on the belly rises and falls with each breath. Have the participant take ten breaths this way, counting on each exhale.

Instructions: Now ask the participant if s/he practiced Alcohol Reduction strategies to help manage urges or cravings.

Provide an introduction of additional Alcohol Reduction skills using material from the next section.

Read: I want to review alcohol reduction strategies for managing Emotional Triggers as negative emotions are one of the main reasons people relapse. Please note that relapse is common. Just like learning any new skill, there will be setbacks—like learning to walk or ride a bike. Occasionally you fall down. The important thing is to get back up and keep trying.

Useful strategies for resisting Emotional Triggers include:

- (1) Improve the moment
- (2) Do something relaxing

1. Improve the moment

Instructions: Ask the participant to think of two ways they can improve the moment they are in. These can be either cognitive or behavioral strategies, and should be skills or activities that the participant is already able to do. Strategies can include things like focusing on the positives, making comparisons (at least I am not...), talk to someone, leave a bad situation (go for a walk, take a nap), do something pleasurable, remind oneself that emotions and urges pass, smile, dance, etc.

Participant Improve the Moment Strategies
1.
2.

2. Do something relaxing

Instructions: Ask the participant to think of two activities they can use to relax when they experience a strong emotion may trigger drinking. These should be skills or activities that the participant is already able to do, and can include things like counting to ten, diaphragmatic breathing, progressive muscle relaxation, yoga, sleeping, taking a bath, enjoying nature, calming music, etc.

Participant's Relaxation Strategies
1.
2.

Part D. Post-Intervention Goals

As this is our last session, I would like to review the goals you have set over the course of the intervention with you, and the progress you have made toward achieving these goals about your alcohol use. I would like you to set a new goal to work on after the intervention is over. This new goal can be to continue working toward your original goal, or you can set a new goal around stopping or reducing your alcohol use, and record it in the box below.

Instructions: Based on the participant's progress, help the participant commit to continue working toward this goal, modify it, or set a new goal around stopping or reducing their alcohol use, and record it in the box below. If the participant sets a broad or ambitious long-term goal, record this, and help them think of short term goals that will help them accomplish their long term goal.

Post-Intervention Goal for Stopping or Reducing Alcohol Use

Closing the Session:

- Remind that this is the last session, but they will continue to be involved in the study.
- Thank the participant for their time, and let them know you appreciated the chance to work with them.
- Encourage them to continue working toward their goals.
- Encourage them to continue to practice diaphragmatic breathing and alcohol reduction skills after the intervention.

Ask if the participant has any further questions or concerns.

Behavior Monitoring Worksheet

Today						Next Week
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____	Urge to drink? (Y/N) _____
Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____	Trigger: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____	Used Alcohol? (Y/N) _____
# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____	# drinks today _____
What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____	What/Where: _____ _____
W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____	W/who: _____ _____
I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____	I felt: _____
# drinks this week _____		Binge drinking: in a single sitting, consuming 5 or more drinks for men or 4 or more drinks for women. Hazardous drinking: consuming 14 or more drinks per week or 4 or more drinks per day for men, or 7 or more drinks per week or 3 or more drinks per day for women.				

Session Eight Checklist

	Completely Covered	Partially Covered	Not Covered
1. Review past week			
2. Adherence and Alcohol Consumption Table			
3. 24-Week Drinking Chart			
4. Review salient triggers to drink			
5. Review helpful alcohol reduction strategies			
6. Improve the moment strategies			
7. Relaxation strategies			
8. Post-intervention alcohol reduction goal			