

The
**ALCOHOL
THERAPY**

WORKBOOK

— Written in a Motivational Interviewing style

— Trauma Informed

— Strength-Based

Antony Simpson



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The author also offers training around alcohol, substance use and psychosocial interventions. The price of these depends on costs.

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About This Book

This workbook has been designed for anyone that is struggling with alcohol or has struggled with alcohol in the past.

It is written in a Motivational Interviewing style, one of the key therapies used to support people with alcohol issues. It has been designed using a trauma-informed approach and is strength-based.

What you will find in this book is more than just worksheets about alcohol. You'll find all the tools someone needs to get into recovery from alcohol and stay there. It's a therapy-based book, not an alcohol-based book.

Please fill it in as you go along. There's no right or wrong way to do this and there are no timeframes to get it done by - everyone is individual and how quick or slowly you complete it will depend on you.

If you were seeing me for face to face therapy sessions, we would usually cover a chapter a week. If at any point you notice weeks have gone by without you picking up this workbook, don't give yourself a hard time. Just accept that it has happened and pick up the book and continue where you left off.

About The Author

Antony Simpson is a Registered Nurse, a qualified Substance Interventions Practitioner, a Counsellor and a Youth Worker. He has been working with people with dependency/addiction issues for well over a decade. He has put the interventions that are most effective into this book.

Knowledge is Power

I'm a big believer in the saying: *Knowledge is power*. To understand the intricate details of something is the first step to getting power over it, rather than it having power over you. With this in mind, this chapter is all about alcohol and addiction/dependency to alcohol.

Tip:

Please don't skip this chapter assuming you know it all, as when you read it you'll realise that you didn't know quite as much as you thought you did.

Alcohol is a drug that has been used across the globe for thousands of years. It is used for many different reasons in many different cultures; often without the people using it realising what it really is or the damage it causes.

In all its forms alcohol is essentially the same chemical: Ethanol. Ethanol is essentially a poisonous chemical to the human body. To put it simply: alcohol is a poison.

Alcohol is also sneaky. If you drink large amounts of alcohol on a regular basis it alters your brain chemistry and makes your brain dependent on alcohol for normal functioning. Then if you take away the alcohol your brain is neurologically imbalanced and you get alcohol withdrawal symptoms. Alcohol withdrawal symptoms typically occur 6-8 hours after your last alcoholic drink and include:

- Feeling Sick (Nausea) / Vomiting / Retching
- Tremor / Shakes
- Sweats
- Anxiety

- Agitation
- Tactile Disturbances
(for example itching, pins/needles, feeling like spiders are crawling over your skin, burning sensation)
- Auditory Disturbances
(for example sounds sounding more harsh/louder, hearing anything that is disturbing you or hearing things that you know are not there)
- Visual Disturbances
(for example being more sensitive to light, light hurting eyes, seeing things that are not there, other visual disturbances)
- Headaches or fullness of the head
(including dizziness)
- Orientation or clouding of sensorium
(confusion, not knowing what day it is, where they are or who they are).
- Seizure / Fits – potentially leading to death.

These symptoms generally get worse as time progresses and withdrawal symptoms typically peak (are at their worst) 48-72 hours after the last alcoholic drink.

There is evidence which suggests that the longer a person's drinking history, the more severe the withdrawal symptoms become.

Tips:

Alcohol withdrawal is a medical emergency. If experiencing

these symptoms you should either drink the minimum amount of alcohol possible to relieve symptoms (this is much safer than the alternative, which is to let symptoms progress to seizures and potentially death) or call an ambulance.

If you are physically dependent on alcohol, the safest way to get alcohol-free is with the support of your Doctor, Community Alcohol Services or Other Medical Professional.

If you think you are physically dependent on alcohol and want to get alcohol-free, there is a specific chapter in this book that deals with this. The best thing to do is work through this book, making no changes until you've read this chapter.

When dealing with alcohol use, whether it be problematic or dependent use it is important that you identify and deal with the reasons for use and triggers. These are generally related to experienced trauma and the strong emotions experienced as a result of trauma. Don't worry we will work together to address these throughout this book.

I know one certainty about alcohol: drink enough of it, often enough and it will kill you. But it doesn't have to be this way.

You have the power and ability to make changes to your life to prevent this. I believe that everyone has this power and ability, they just need motivation and support to achieve this. This is why I've written this book.

Alcohol's Effects on the Body

Top to Toe of Alcohol's Effects on the Body

Brain:

- * Loss of inhibitions.
- * Temporary or permanent brain damage.
- * Physical Dependency.
- * Alcohol Withdrawal.
- * Stroke.
- * Worsening of Mental Health symptoms.

Lungs:

- * Breathing rate slowed when intoxicated.

Liver:

- * Hepatitis.
- * Swelling to the abdomen caused by excessive fluid.
- * Jaundice.
- * Cirrhosis.
- * Liver Failure.

Stomach:

- * Gastritis.
- * Vomiting.
- * Weight gain.

Reproductive:

- * Foetal Alcohol Spectrum Disorder.
- * Decreased fertility in both men and women.
- * Impotence in men.

Whole System Effects:

- * Low Blood Sugar.
- * Reduced immune response meaning more at risk of infections.
- * Low platelets meaning increased risk of significant blood loss.

Alcohol Overdose

(formally known as Alcohol Poisoning)

A person can overdose on alcohol. In this circumstance the person becomes unconscious as the brain focuses on keeping the heart beating and the lungs breathing.

Throat, Mouth & Esophagus:

- * Slurred Speech.
- * Cancers.
- * Burst Blood Vessels leading to internal bleeds.

Heart:

- * High Blood Pressure.
- * Irregular Heart Beat.
- * Cardiomyopathy.
- * Heart Disease.
- * Heart Failure.

Pancreas:

- * Acute or Chronic Pancreatitis.

Intestines:

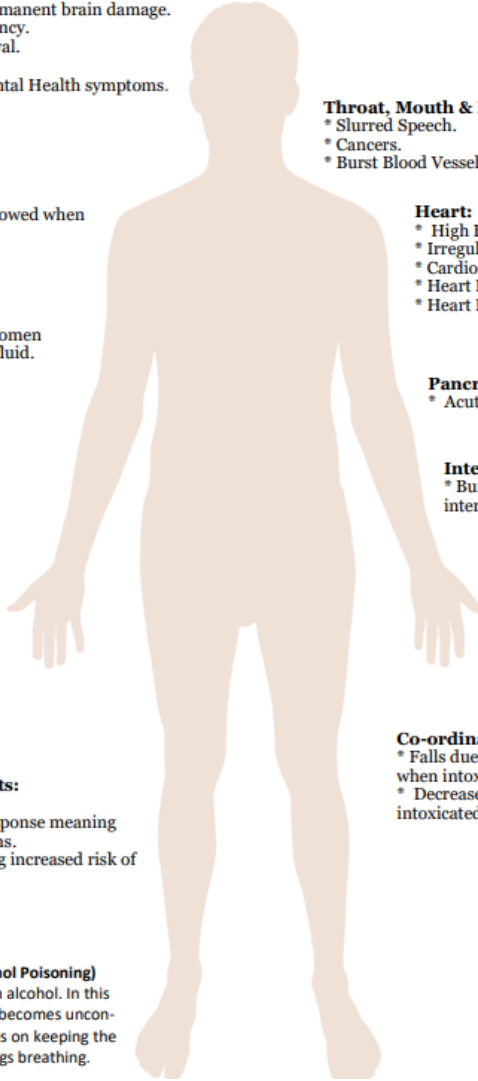
- * Burst Blood Vessels leading to internal bleeds.

Bowel & Bladder:

- * Diarrhoea.
- * Cancer.
- * Bladder becomes more active to remove alcohol from the body.

Co-ordination & Mobility:

- * Falls due to impaired co-ordination when intoxicated.
- * Decreased mobility—usually when intoxicated.



Stages of Intoxication

Alcohol intoxication occurs in the stages below:

SOBER

Tipsy

After a few drinks you start feeling 'Tipsy.' This is when the good effects of alcohol start to kick in, you feel more relaxed and more social.

Drunk

A few more drinks and you start feeling 'Drunk.' This is when the negative consequences of drinking start to kick in. You may start arguments with friends/family, may start vomiting, get into fights assaulting someone or even becoming a victim of an assault yourself.

Accidents when intoxicated may happen. You may slur your speech and the next day wake up with a hangover.

Alcohol Overdose (formally known as Alcohol Poisoning)

A few more drinks and you tip into 'Alcohol Overdose.' In alcohol overdose you may have memory blackouts, which is where there is a blank space where your memory should be. You may also become unconscious.

Here your body has been slowed down to the point where it stops memory recording and sometimes even consciousness to focus on keeping you alive - keeping your heart beating and your lungs breathing. Usually medical treatment is required to treat alcohol overdose. If left untreated it could lead to the next stage:

DEATH

You'll notice a couple of things looking at this. Firstly, the good effects of alcohol occur after just a couple of drinks. So why do people drink more than this? You'll also know from firsthand experience that it can be difficult to tell when to stop, before slipping into the Drunk stage where all the negatives about alcohol start to rear their ugly head.

Secondly, you'll have noticed the Alcohol Overdose and the last stage Death. People often don't realise that you can overdose on alcohol and even die. Despite this many people will tell you about the short term memory loss after drinking, meaning that they have been in the overdose stage.

Getting Alcohol-Free or Reducing

The first thing to workout is whether you're physically dependent on alcohol or not.

Someone who is physically dependent on alcohol will likely:

1. Feel like they can't survive without drinking.
2. Feel like they can't cope with life without drinking.
3. Will continue to drink despite the negative consequences alcohol is having on their health and life.
4. Will have been drinking (in some but **NOT** all cases) on a daily basis for a prolonged period of time.
5. Will describe having a tolerance to alcohol, meaning that the amount they drink has increased over time to get the same feeling of intoxication or the effects that they use alcohol for.
6. Will likely have experienced at least one traumatic event in their lives, if not more.
7. May have a history of going into alcohol withdrawal, symptoms listed in the *Knowledge is Power* chapter of this book.

But the only true way to know if you're physically dependent on alcohol is to stop and observe yourself for withdrawal symptoms. I listed alcohol withdrawal symptoms in the *Knowledge is Power* chapter of this book.

Please make sure you keep some alcohol close by, so if you do get withdrawal symptoms you can resume drinking immediately to prevent them getting worse.

Tip:

People can and do slip into alcohol dependency without realising. It is important that we explain what physical dependency is and the dangers (including risk to life) of suddenly stopping or suddenly reducing their alcohol consumption by a significant amount.

Not Physically Dependent

If you're not physically dependent on alcohol you can stop or reduce your use as you see fit without any negative consequences.

Use the drink diaries on the following pages to reduce or stop. The first week, make no changes to your alcohol use to get a baseline of how much you drink. Then in the proceeding weeks reduce until you reach your target or are alcohol-free.

Tip:

As an alternative to using the drink diaries provided in this book, there are many apps that will track your drinking for you. Many people find these more convenient than using pen and paper. Just make sure that you download an app developed by an appropriate developer, e.g. the NHS (National Health Service) in the UK.

Physically Dependent

If you are physically dependent upon alcohol, don't despair! You have two options:

1. An Alcohol Detoxification
2. A Gradual Non-Medical Reduction

An Alcohol Detoxification

This is a medical detox where you are gradually weaned off alcohol using a short term course of Benzodiazepines, usually Chlordiazepoxide (more commonly known as Librium). In some cases Diazepam or Lorazepam may also be used.

An alcohol detox usually takes place over 5-7 days and can be completed as an inpatient at a specialist unit or community (depending on your circumstances and the amount that you drink).

In the UK the way to access detoxification is through Community Alcohol Services, or in some cases as an inpatient in hospital (usually whilst hospital staff treat another medical condition).

The best outcomes and long term Recovery are achieved through Community Alcohol Services, this is because they support you to address the root causes of your drinking.

Another way to access this medical detox is to pay privately both in the UK and abroad. Success is a case of complying with medical treatment.

Tip:

If you've tried an alcohol detoxification several times but always relapse back to drinking there's a medication called Antabuse that might help. Antabuse gives you a very violent reaction if you drink whilst taking it, therefore putting you off alcohol.

Suitability for Antabuse depends on your medical history and current medications. You can speak to your Community Alcohol Service or Doctor if you're interested in learning more about Antabuse.

It is also worth noting that Antabuse is not a magic pill. You still need to address the underlying reasons for your drinking and learn to deal with these reasons in a more healthy way.

A Gradual Non-Medical Reduction

This is where you gradually reduce the amount of alcohol you drink yourself in a measured and safe way. This is arguably much more difficult than the first option for a few reasons.

First, some people find that stopping once they start drinking is impossible, they simply don't have the strategies to do so.

Second, people who take this approach often find that once they reduce to a certain point they reach a plateau and struggle to reduce any further.

Success in people that choose this approach relies on so many variables. But people can and do succeed using this method and it often builds their resilience to adversity in doing so.

Tips:

To decide if a gradual non-medical reduction is the option for you. Be really honest with yourself: Are you prepared to pour alcohol down the sink as part of the reduction? If the answer is yes, then this might be an option worth trying.

Do you struggle to stop drinking once you have started? If the answer is yes, it is definitely worth considering a medical detoxification. It is also strongly recommended that you consider your goal around your drinking to be abstinence, as there is never just one drink for some people.

If you're going to try the gradual non-medical reduction I have five pieces of advice that I strongly recommend:

1. Use a drink diary provided in the following chapters to get a baseline of what you drink over a day and week, this will then enable you to set your reduction targets safely.

2. Plan your reduction with your Doctor, Community Alcohol Services or Other Health Professional. They will have experience doing this and will be a valuable source of advice and information.
3. Reduce by 1 alcohol unit per day as a maximum (UK alcohol unit, which is 8g of pure ethanol). There are reputable guides online that report that you can reduce more than this. But I recommend 1 alcohol unit per day as it is easy to remember and within safe limits.

The guides online often recommend percentages, so it means you have to get your calculator and start working out what that means in actual drinks. This means you are more likely to make an error and reduce too quickly.

If you're not sure what 1 alcohol unit (UK) is in the drinks that you drink, have a read online, there's loads of resources about units online.

In the UK all alcohol is required by law to list the total units on the bottle, can, box or other packaging.

4. If you start getting alcohol withdrawal symptoms (see *Knowledge is Power* chapter for symptom list) you are reducing too quickly and need to take it slower.
5. Any reduction is highly positive and an amazing achievement.

If you feel that you can't reduce any further or that you are struggling to maintain the reduction in use. Take it as a learning experience, recognise your achievement in significantly reducing your alcohol use and start looking into accessing an alcohol detoxification.

Tip:

If you're drinking spirits, such as vodka, 1 alcohol unit (UK) is roughly a capful on the lid of the bottle. So on day 1 of your reduction, pour away one capful. On day 2 pour away two capfuls and so on until you reach your goal.

Drink Diary 1

| Day | Time | Trigger / Reason for Drinking | What did you drink? | How Much? Total Alcohol Units | Comments |
|------------|-------------|--------------------------------------|----------------------------|--------------------------------------|-----------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Drink Diary 2

| Day | Time | Trigger / Reason for Drinking | What did you drink? | How Much? Total Alcohol Units | Comments |
|-----------|------|-------------------------------|---------------------|-------------------------------|----------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Drink Diary 3

| Day | Time | Trigger / Reason for Drinking | What did you drink? | How Much? Total Alcohol Units | Comments |
|-----------|------|-------------------------------|---------------------|-------------------------------|----------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Drink Diary 4

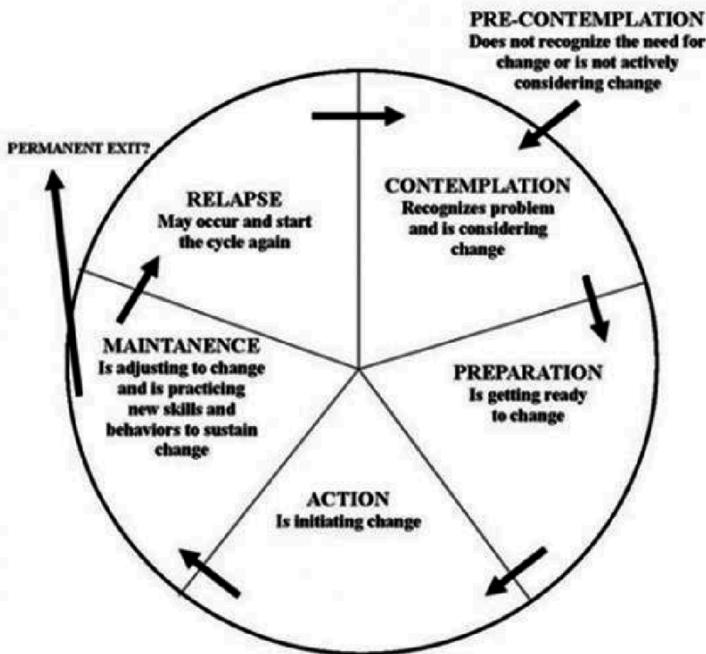
| Day | Time | Trigger / Reason for Drinking | What did you drink? | How Much? Total Alcohol Units | Comments |
|------------|-------------|--------------------------------------|----------------------------|--------------------------------------|-----------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

The Cycle of Change

Prochaska and DiClemente developed The Cycle of Change in the 1980s after researching how smokers in America made changes to their behaviour. This cycle has since become widely known in the fields of addiction/dependency.

The reason is simple: It helps people to realise that change is not a one-off event, but instead a process with several steps.

You have already taken the first step by purchasing this book. Well done.



Precontemplation is the first age in The Cycle of Change. In precontemplation someone is happy with their current alcohol use. They may be aware or unaware of the impact alcohol is having on their life. People in this stage may not be ready to change their thoughts, emotions, behaviours or life yet.

People who have tried to change without success may also be in the precontemplation stage, as they might have given up on their journey to recovery and accepted their alcohol use as inevitable.

Contemplation is the second stage and is when someone is thinking about the pros and cons of their alcohol use.

Tip:

Ambivalence is a term often used in Alcohol Services to describe someone who feels two differing ways about their alcohol use, but doesn't take any change actions. They would also be seen as being in the contemplation stage.

The Preparation stage is next and is where someone starts to plan for the change. For example they may throw out all the things they associate with drinking, set a quit date, make an appointment to see their Doctor, Community Alcohol Service or Other Health Professional, etc.

The Action stage is next and in this stage the person puts their plan into action.

Maintenance is all about maintaining the change. According to Prochaska and DiClemente the maintenance stage should take around 4-6 months to complete.

Lapse is a stage often added into this model. It describes a one-off event where someone goes back to their old pattern of behaviour. For example a drinker having a one night binge on alcohol. Lapses are okay and in some cases inevitable. What's important is that you learn from a lapse. Ask yourself:

→ What triggered the lapse?

→ How would you cope differently next time (to avoid repetition)?

The Relapse stage is more concerning. It involves the person going completely back to the old behaviour. Back to where they started.

Questions & Answers

1. What stage of the cycle of change are you currently in?

2. What needs to happen or what do you need to do to progress to the next stage of change in regards to your drinking?

Using Alcohol As A Reward

Some people use alcohol as a reward. However most rewards don't come with:

| | | |
|----------------------------|----------------------------------|---------------------------------|
| Hangovers | Vomiting | Regrets |
| Guilt | Shame | Accidents |
| Blackouts / Memory Loss | Arguments | An increased risk of cancers |
| Damaging Relationships | Assaults or Violent Behaviour | Weight Gain |
| | Low Mood | |

What are other ways you could reward yourself, other than using alcohol? Write your answers below:

END OF SAMPLE.

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