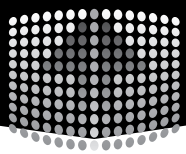
Challenging Yourself



The Seven Challenges Manual

ADULT VERSION

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This manual has been written to help practitioners understand The Seven Challenges®; its clinical approaches, published materials, and implementation issues. Agencies and practitioners cannot implement The Seven Challenges program or announce that they are providing it unless trained and currently authorized by The Seven Challenges, LLC.

For information regarding The Seven Challenges Training®, visit sevenchallenges.com or contact Sharon Connor at sconner@sevenchallenges.com.

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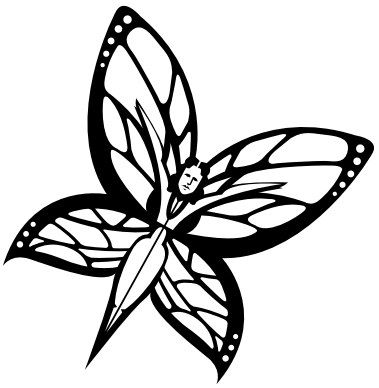
INTRODUCTION TO THE SEVEN CHALLENGES



INTRODUCTION

The Seven Challenges Program® for adults has been developed in response to a need:

People with alcohol and other drug problems need an approach to counseling that treats them with respect; offers them choices with multiple pathways to success, and gives them an opportunity to think through their own decisions. If they decide to make changes, they need practical help in succeeding with them. They also need help with the situational and psychological problems that co-occur with drug problems. It's a daunting challenge. To accomplish all of this, they need skillful counseling delivered with an unambiguous message that they have the power to succeed.

The Seven Challenges offers comprehensive holistic counseling to support individuals in making wise decisions and taking control of their lives, including their use of alcohol and other drugs. It combines four core components for integrated care:

- *Mastery Counseling* to address co-occurring situational and psychological problems
- *The Seven Challenges Process* for decision-making about drugs and other behaviors
- *Individualized Support* at every session for clients who decide to change their drug use behavior
- *Challenging Yourself Series* of materials for reading and journaling

MASTERY COUNSELING

The Mastery Counseling component of The Seven Challenges helps individuals with situational, psychological and behavioral problems that co-occur with drug problems. This transtheoretical approach empowers clients to do what people do when they want to take control of their own lives. That is, they pay attention to their personal experiences. What is going well, they leave as is. What is not going well, or as well as they would like it to be going, they identify as an "issue." In Mastery Counseling, counselors help clients take a mastery approach to their own lives, i.e., identify issues of personal concern and work on them. The goal is that clients leave every session with practical help. With this approach, clients recognize that issues are universal. Because everyone has them, there is no stigma or judgment attached to engaging in such a counseling process.

THE SEVEN CHALLENGES PROCESS

As people struggle to gain control of their lives, they are faced with innumerable decisions about how to behave. The Seven Challenges Process builds off a decision-making model widely used in public health[1], in which individuals weigh the relative benefits and harm of a behavior. They also consider the pros and cons in making changes, the

likelihood of success, the effort it would take to change, and their own willingness to invest that effort. Though decision-making is not always rational, people ultimately choose their behavior in such a manner. The Seven Challenges Process applies this framework to help clients make fully informed behavioral decisions. It is the second core component of The Seven Challenges Program. Its main focus is to help clients make decisions about their drug use behavior so that if they decide to make changes, they will have a solid foundational understanding of what they will gain, what they will lose, and what it will entail to sustain and maintain long-term success.

INDIVIDUALIZED SUPPORT

As soon as clients in community settings decide to quit or set new limits on their drug use – whether it occurs during the first session or later in the counseling process – they get help in their efforts to make a change at every session. The same applies to clients in residential settings who spend time in the community. This help is called Individualized Support and it is the third core component of The Seven Challenges. Clients in secure residential settings that require abstinence are also provided with Individualized Support to help them succeed with the abstinence requirement while in residence, and to prepare them for home visits and eventual re-entry into the community. Individualized Support is incorporated in session structure during a check-in period that includes questions about progress on the drug goal, followed by problem solving as needed on pertinent issues for maintaining success in decisions to change drug use behavior. Individualized Support also provides a forum that encourages clients to talk openly, without stigma, about urges to use drugs in excess of the limits they have established for themselves.

PUBLISHED MATERIALS

In addition to counseling sessions, The Seven Challenges program incorporates the *Challenging Yourself Series* of materials, featuring *Leap of Power: Take Control of Alcohol, Drugs and Your Life*, a book that guides readers through a thought process leading to fully-informed decisions about drug use. This book offers a pathway to success for individuals who want to make changes. (It is prerequisite reading for counselors who plan to attend Initial Training in The Seven Challenges program.)

The *Challenging Yourself Series* also includes eight interactive journals that support clients in reflecting about multiple aspects of their lives, their decision-making, and their efforts at changing their own behavior. With what is called Supportive Journaling™, counselors engage each client in a private written exchange in the journals. This communication supplements face-to-face counseling by giving clients an opportunity to reflect upon their lives and open-up without the pressure of an immediate audience waiting for a response. In the journals, counselors provide personal and individualized feedback to clients.

FLEXIBLE WITH OPTIONS

The Seven Challenges is designed to accommodate clients along a broad spectrum:

(1) From those who know they have drug problems and what they want to do about them to those who are uncertain about their drug use and about the direction they want to go.
(2) From those with a long-standing addiction to those with less severe problems with drugs.

The program is respectful, helping individuals explain their own drug use – even at serious problematic levels – without shame and without passing negative judgments about themselves. The program is also respectful in that it doesn't try to control or prescribe behavior. When clients are making behavioral choices, counselors give them an opportunity to consider all their options, expand their options, and make their own decisions. With regard to drug problems, counselors help clients become aware that there are multiple pathways to success, and support them in making their own choices. The Seven Challenges is flexible in guiding clients toward solutions that will work best for them. Many clients decide to quit using drugs. Others decide to set new limits for themselves. Some choose to incorporate medication-assisted treatment and others do not.

EMPOWERING

The Seven Challenges delivers a positive message affirming that individuals have power and can take personal control of their own lives, including their use of alcohol and other drugs. The task may be difficult, maybe the hardest thing they ever did in their lives...but it can be done. Furthermore, individuals who are struggling with their drug use are entitled to support and don't have to do it alone. They also should have the option of medication-assisted treatment.

HOLISTIC

Drug use and the circumstances of an individual's life cannot be fully understood without considering their interconnection. People use drugs to satisfy or attempt to satisfy personal needs. Once they begin using drugs...drugs can cause problems. In recognition of this, The Seven Challenges provides integrated mental health and drug counseling, with each domain getting equal priority. Although The Seven Challenges would be classified as a "co-occurring" program because it addresses both drug problems as well as psychological and situational problems, it is best described as holistic, in that a single counselor provides integrated care. This avoids the risk of fragmentation of service with separate silos for drug and mental health issues. It also avoids the shortcoming of a drug counselor narrowly focusing on drugs while other life problems are treated peripherally, if at all...often with nothing more than psychiatric medication.

Note: Throughout this Manual the term "drugs" will be used in reference to alcohol and other drugs. Alcohol is a drug, but people sometimes forget that, so occasionally the expression "alcohol and other drugs" (AODs) will be used as a reminder.

TYPES OF DRUG PROBLEMS

In The Seven Challenges program, a distinction is made between two different types of problems with drugs: (1) Problems with drugs, per se. (2) Problems with authority (courts, probation, parole, employers, school, coaches, and others) or with friends and family that happen to involve drugs. An individual could have one type of problem or the other, or possibly both. A person could have a drug problem that has not caused a problem with authority/friends/family. A person could have a problem with authority/friends/family that involves drugs, without having any other problems with drugs. Sometimes, acknowledging a problem with authority/friends/family is the first step in a process of recognizing bigger problems with drugs. Often individuals who enter counseling are much further along in terms of their stage of change (and willingness to take action) with regard to a problem with authority/family/friends that involves drugs than they are with regard to problems with drugs per se. Counselors and programs that lump the two different types of problems together and fail to differentiate them will inevitably experience confusing and frustrating client/counselor interactions.

THE STAGES OF CHANGE

The Seven Challenges fits well with Prochaska research[2] on the stages of change. In Seven Challenges, people who are uncertain whether they have a problem with drugs have an opportunity to think things through for themselves, with the possibility of moving from pre-contemplation to contemplation to preparation for action. For those who decide to make changes, the challenges help lay a foundation for enduring success in the action and maintenance stages of change.

DECISIONS TO CHANGE DRUG USE BEHAVIOR

People who make *fully-informed decisions* to change their drug use behavior are well prepared to succeed in their efforts. They know what they are doing, why they are doing it, what they will gain, what they will lose and what will be required to enact their decisions. They can plan and make preparations for success. Fully-informed decisions take effort and time. In secure residential drug counseling, individuals have the luxury of time to think about their decisions. Not so in outpatient counseling or in residential settings in which clients have access to the community. These individuals must make immediate decisions about drugs.

Many clients arrive in outpatient counseling already determined to quit or at least to

set new limits on their drug use. Often their decisions are more an *impulse to change* than a fully-informed decision. They are motivated by a desire to stop the harm from their drug use or prevent further harm. The Seven Challenges refers to these as *fear-based or harm-based decisions*. Many times they are made because something bad just happened after using drugs. Often they are made under pressure from friends, family, or the court. People who make these decisions want the *harm* from their drug use to go away. They usually don't fully understand everything involved in changing drug use behavior and are not well prepared for success. They don't realize, for example, that they will be losing the *benefits* of their drug use as well. They also don't understand what it takes to maintain long-term success. The challenge with these individuals is to support their immediate effort to change, while at the same time helping them back up and make fully-informed decisions about drugs, which would then help them succeed in the long run.

A major shortcoming of harm-based counseling is evident on face value. The media has already bombarded the public with information about the dangers and harmfulness of drugs, often with the focus on a demon drug "du jour." It has been marijuana, then LSD, then crack cocaine, and at the time of this writing, heroin and the opioids. For the most part, people with drug problems have been warned and challenged to think about how their drug use has harmed them. People already know about drug dangers. They know about the harm. Yet, this hasn't stopped many of them from using drugs. From the counseling point of view, repeating and harping upon something that people already know (harm from drugs) seems redundant and unlikely to produce results. The most interesting consideration from the counseling point of view would be to try to understand what it is about drugs that individuals like so much that keeps them coming back for more, despite their knowledge of the danger and harmfulness. This is an important part of understanding drug decision-making, and of possibly influencing it.

Whether it is a fear-based or harm-based or a fully-informed decision, Seven Challenges program participants are supported in efforts to change their drug use behavior at any point they decide to make changes. With fully informed decisions, most of the counseling emphasis can focus on success in changing behavior. With harm- and fear-based decisions, the foundation for change is weaker, expectations for success are more limited, and clients must still work on thinking with greater depth about their drug use. In Seven Challenges, they are given help in backing up a bit and using the Challenges Process to lay a strong and solid foundation to increase the likelihood of enduring success.

CRITIQUE OF MAINSTREAM APPROACHES TO COUNSELING

To properly frame a review of mainstream approaches to counseling for drug problems, it should be noted that national surveys indicated that the vast majority of adults with diagnosable substance use disorders (97% of them) do not feel the need to go to treatment.[3] Even among those who do go, almost half of them (45.6%)[4] list legal

coercion as one of their reasons for getting help. With so many adults with substance use disorders being disinclined to seeking drug treatment, it would be convenient to brush off these grim statistics as evidence of denial or psychological resistance of some sort. Though these could be factors, such an attribution would do nothing to improve attendance. If people don't want to go to drug treatment as it is currently provided and perceived by the public, maybe we need to think of doing things differently.

HISTORICAL CONTEXT

Mainstream drug programs in the 20th century evolved first from the Oxford Group movement of the early 1900s, a moralistic approach to alcohol and drug problems. Individuals who drank or used drugs to excess were seen as weak-willed, moral failures who could not control their impulses and were excessively driven by self-indulgence and the desire for more personal pleasure. From this orientation, Alcoholics Anonymous emerged in the 1930s with the 12-step program. Step One was admitting powerlessness over alcohol; Step Two recognizing the need for a higher power; and Step Three turning "our will and our lives" over to the care of God. Steps Four and Five called for a fearless inventory of ourselves and then admitting the nature of our wrongs, followed by Step 6, asking God to remove defects of character. 12-Step Meetings were established as support groups in which individuals admit to being powerless over drugs and attempt to inspire others by telling their own stories of redemption that include admitting personal shortcomings and failures, and discussion of making amends to individuals they have harmed. In these meetings, members of the fellowship are urged to identify themselves as "alcoholic" or as an "addict" and to surrender to a higher power. These were support groups that made no claim of being counseling. AA spread quickly and later Narcotics Anonymous (NA) and other "anonymous" groups sprouted ubiquitously. Perhaps because of the dominance of the moralistic and religious focus of the anonymous programs, mental health professionals did not seriously address problems with alcohol and other drugs until the 1970s when the National Institute on Alcohol Abuse and Alcoholism and the National Institute for Drug Abuse began. Until that time the one widely available resource was the assortment of 12-step groups. In the absence of counseling alternatives, 12-steps had become synonymous with drug treatment. This approach worked effectively for many individuals who adopted the belief system, found comfort in the group support, and diligently attended meetings. Many of those who succeeded with the program have been vocal supporters and advocates.

Unfortunately, the 12-step approach did not prove helpful to approximately 90% of the people who attended meetings (reliable statistics are difficult to determine, but generally hover around this level). For many of them, the moral explanation of drug problems furthered their own embarrassment and shame about their problems, and the emphasis on the chronic nature of addiction disease and the powerlessness of individuals seemed to reduce and reinforce their own sense of self-efficacy (personal agency) and undermined self-confidence.

The sting of the harsh self-blame and shame that went with the moralistic interpretation of alcohol and other drug (AOD) problems was somewhat attenuated as followers of the 12-steps spoke about a biological component to the problem. Later scientists followed by calling substance use disorders (SUDs) a chronic, relapsing brain disease. However, by calling the problem a disease and emphasizing the biological component, this point of view seemed to imply and reinforce the belief that people had little control over their own behavior. To this day, the dominant ideology in drug treatment and in public discourse seems to imply that people use drugs at problematic levels because of bad decisions driven either by lack of willpower and poor judgment or a diseased brain, or an eclectic combination of these factors. The singular solution is abstinence. Programs based on the 12-step formulation of the problem (and numerous derivatives) have been effective for many people, but only for a small percentage of the population. Unfortunately, this approach does not resonate with substantial numbers of other people with drug problems – the vast majority. Many of these people see mainstream treatment as limiting, judgmental and disempowering, as reflected in survey research.

Looking into the reasons why adults did not feel a need for drug treatment – aside from practical matters such as cost, childcare and transportation – researchers found certain major barriers listed below.

- 42% did not seek help because they were "not ready to stop"[5]
- 77% said they should be "strong enough" to handle it on their own.[6]
- A large number (varying in different studies) cited stigma and social consequences as substantial barriers.[7]

These findings suggest that certain fundamental changes listed below might increase the likelihood of attracting and engaging adults in drug counseling:

- Offer and invite clients to consider multiple pathways to success (not limited to only one option that demands immediate abstinence)
- Empower clients to see themselves as competent and capable, to feel that they are "strong enough" to handle things on their own, and to take control of their lives and drug use
- Avoid any negative judgments that explain drug problems strictly in terms of personal failures and shortcomings
- Provide help with other life issues without stigmatizing labels

The NSDUH research[7] also described a couple of other findings worthy of notice in considering what might attract and engage clients.

- Among the individuals with diagnosable SUDs who felt a need for help (3%), a pessimistic attitude toward treatment was the biggest differentiating factor between those who actually went and those who didn't.

- Of those who did go for help, about twice as many people chose to go to mental health treatment (22%) compared to half that number (11%) who chose drug treatment.

These findings seem to indicate that a more appealing and engaging program would need to inspire optimism about the possibility of change. The findings also seem to show that potential clients would be more inclined to go to a program that is comprehensive and co-occurring rather than one that defines itself narrowly as drug treatment.

ATTRACTING AND ENGAGING CLIENTS

The core practices of The Seven Challenges program are well fitted to the apparent requirements of a program that could attract and engage adults in counseling for drug problems.

First and foremost, the program provides an overarching umbrella of respect. It reduces the likelihood of stigma. There is no labeling, shaming, or negative judgment. Rather than asking clients to self-identify as an addict or alcoholic, clients are seen as, and accepted as, people who have (or might have) problems, even addictive problems, with alcohol or other drugs. In Seven Challenges, counselors help clients understand their own drug use without any negative judgment or sense of shame. Because it is a holistic program, clients learn to see and explain their drug use in the context of life circumstances. They identify which needs they are satisfying or attempting to satisfy with drugs. This validates their experiences and increases self-understanding. It opens the possibility of learning other ways to satisfy these needs. With Individualized Support, clients who are changing their drug use behavior come to understand the change process, accept setbacks as part of it (not an indicator of failure), and then learn from them.

Another appealing feature of Seven Challenges is that it allows people to run their own lives, on their own terms. Program philosophy and structure are based on self-determination and self-empowerment. In this program, clients feel that they are doing what they should be doing – handling their drug problems on their own. No one is telling them what to do or how they must do it. Clients define their own problems and set their own goals. Counselors adhere to the traditional counselor role, helping clients become aware of options, expand their options and make their own informed decisions. As such, Seven Challenges is a decision-making model. Clients see that they have choices. Then they learn a process for making decisions about drugs and any other behavior, and have an opportunity to apply it to their lives.

Counselors make a special effort to undo negative expectations about drug related counseling by asserting:

> "I'm not here to tell you how to lead your life. That is your choice. This is a free-thinking zone. You know yourself best and you are most affected by your decisions. Therefore you should make the decisions yourself."

Clients decide if they want to change their drug use behavior, or not. If they do want

to change, then they decide how and when they'll do it.

Rather than imposing a structured treatment model with a pre-determined agenda or a set of pre-scripted psychosocial modules, Seven Challenges counselors adhere to the traditional counselor role of being responsive to the needs of clients. With Mastery Counseling, clients self-select the issues they want to address. They work on the issues that matter most to them. They set session goals and work to achieve them with the guidance and support of their counselor. This process reinforces the notion that program participants are "smart enough" and "strong enough" to take charge of their own lives. When The Seven Challenges program has been introduced in agencies that formerly provided different drug treatment services, one of the most common responses has been: "I finally get to talk about the things that matter to me." Many clients report that they were diligently doing their previous program, according to protocol, but never got to discuss what was on their own minds.

Another selling point to clients is that Mastery Counseling allows them to look at their psychological and situational problem without the need for diagnostic labels and without stigma. At every session, clients work on issues to improve their lives and are asked if they "got what they wanted." This structure and commitment to success leads to positive results, which then reinforce and inspire optimism that counseling will help improve their lives. Clients take pride in their own accomplishments as they tackle difficult issues.

With Seven Challenges, when it comes to enacting behavior changes (including with drug use behavior) the message is a resounding, "You can do it. You have the power to take control of your life." Furthermore, this is counseling: "You don't have to do it alone. You are entitled to support and all available resources, including medication-assisted treatment. As counselors, it is our responsibility to provide a safe, free-thinking zone where you can step up to the plate, identify issues that concern you, define your own goals, make your own decisions... and then succeed with them."

It should be noted that the 12-step approach was never designed to be counseling. It is a support group for like-minded individuals. People who are making changes in their lives can derive substantial benefits from finding external support from others with similar problems. Clients in The Seven Challenges program are encouraged to get support, wherever they can find it. 12-Steps remains a resource for individuals who find it helpful, as well as numerous other types of support groups. Participants in The Seven Challenges often find SMART Recovery® to be consistent with their belief system.

THE SEVEN CHALLENGES (TWO VERSIONS)

The Seven Challenges program has been adapted both for adults and adolescents (and young adults). The core components of the two versions are the same. Although both are essentially the same program, the major differences between them are that the strategy for engagement varies and the published materials cover issues most appropriate to each age group. For example, the adolescent version focuses more on parent/child relationships and school issues than the adult version; whereas the adult

version focuses more on work/career issues and issues related to adult relationships and families, including relationships with children.

Developmentally, adolescents are working to establish their own independent identities; to master formal logical thinking and to prepare for adult roles. Therefore, the program is introduced and presented with a strong emphasis on independence; reassuring young clients that the adult counselors do not want to control them, and that they will have an opportunity to think for themselves, determine where they stand in relationship to drugs, and make their own informed decisions about drugs and other behavior. Efforts are made to avoid adolescent/adult power struggles. To avoid implying that young people want to change or must change, *The Seven Challenges* reader uses the impersonal "we" voice to describe the thoughts and feelings of young people who have overcome drug problems. With adults, such distance is not needed. Rather there is a more direct, adult-to-adult voice used in the basic reading (*Leap of Power*). Also, with adults the emphasis is less on winning them over than on trying to engage them right away in addressing life issues, including drug use. There is greater emphasis on self-help and self-determination, and a greater reading requirement.

ABSTINENCE AND ABSTINENCE-BASED PROGRAMS

Anyone who has ever counseled individuals with drug problems would surely agree that abstinence solves a lot of problems. A counselor who uses The Seven Challenges program would be as delighted as any other counselor if a client were to choose abstinence. What a relief it would be to see clients freed from the harm and potential harm from drug use and drug habits. The problem with abstinence is not abstinence. The problems occur when people try to impose abstinence on others or when they put it forward as the only solution to a drug problem. This becomes especially troublesome when these ideas and practices become a dominant ideology, as they have become in the field of drug treatment and in the culture at large.

Many drug treatment programs identify themselves as abstinence-based, meaning that they offer only one model for overcoming drug problems, which is abstinence. Some require abstinence as a condition of participation and reject individuals who resist or will not make such a commitment. Other programs accept people who will not commit, but then engage in what I have called the "mad rush for abstinence," using subtle and sometimes even coercive power to force a quick change of heart. Often this takes the form of fear-based and harm-based counseling. The problem is that aggressive approaches involving abstinence tend to backfire. When counselors try this strategy, they usually get four bad outcomes that can be categorized in terms of 4 F's: fakers, fighters, flee-ers and followers.

"Fakers" say they want to quit, have no intention to do so and are taught a behavior (abstinence) that they have no intention of enacting. Often people who have been mandated or coerced into treatment become fakers, which is the quickest way to get out of treatment.

"Fighters" resist counselors they perceive as trying to control them. Some fight with defiant and aggressive responses. Others are more passive-aggressive in their resistance, playing games such as: "Go ahead, try to make me quit." They engage counselors in lengthy power struggles, with counselors trying to convince them to quit and clients digging in, folding their arms and saying, "You can't make me."

"Flee-ers" simply say: "I won't let you impose abstinence on me. I'm leaving." This, to some extent, accounts for the high drop-out rate in drug treatment services. In residential settings, clients remain physically present but emotionally withdraw.

"Followers" are swayed by well-meaning counselors and decide to quit. However because the focus is narrowly on quitting drugs, without adequate understanding of what this entails and without prerequisite preparation for success, they often fail in their efforts. They are not adequately prepared to cope with life without using drugs. This failure reinforces their belief in their own powerlessness.

Nevertheless, the mad rush for abstinence does work for some people. It can be effective for certain individuals who have decided to quit (or can be convinced to quit) and want external control. For them it is a solution. Unfortunately, this does not cast a very wide net in terms of attracting people to counseling services. It casts aside people in the earlier stages of change and rejects people who might want to try different strategies to overcome their drug problems. Too many people in the early stages of change who could have benefitted from counseling are sent away at a time when help could have made such a big difference. The abstinence requirement and the mad rush for abstinence also stand as a barrier to numerous individuals who want autonomy and would never go to a program that dictates their behavior. Furthermore, this sort of programming is a set up for lying. Some people enroll in programs because they want to change their drug use behavior, but when they learn about the expectation of abstinence feel that they must lie about their thoughts, feelings, and behavior (not a good arrangement to begin a counseling relationship). Unfortunately, clients who are mandated to treatment have no choice. Many of them simply lie about their intentions so that they can meet program requirements and gain acceptance. Then they will do as they please, often feigning compliance.

Abstinence-based counseling even imposes problems on people who "buy in." One pitfall of insisting upon abstinence is that it deprives individuals of an opportunity to thoroughly think through the issues for themselves and make their own informed choices. They often overlook that they will be losing the benefits of their drug use, and don't have an opportunity to prepare for life without drugs. When decisions are not fully informed, there is a decreased likelihood of success. Also, people are less committed to decisions that they feel were imposed upon them than to ones they made of their own free will.

Abstinence is not the only way to overcome drug problems. Many people choose to set new limits on their drug use. Some cut back immediately and some do so gradually. Some decide to quit, but only for a certain period of time and then plan to test the

limits with moderation. Some people start by setting limits but later determine it doesn't work for them. At that point, they choose abstinence.

Some people even decide to maintain their current level of alcohol or other drug use, but with certain rules for safety. For example, they decide they won't use drugs at work or drive a motor vehicle after drinking.

The Seven Challenges offers multiple pathways to success, with immediate abstinence being only one of them. The premise of the program is that clients need to make up their own minds and find their own pathways. As such it is a decision-making model. The program uses The Seven Challenges Process for decision-making.

THE SEVEN CHALLENGES PROCESS

People make health and other behavioral decisions by weighing the "benefits" versus the "harm" of the behavior under consideration. We all do this, for example, when we decide whether or not to wear a seat belt: On the one hand, seatbelts are cumbersome and uncomfortable, and rarely needed. On the other hand, they are required by law and can be life-saving in an accident. Another example is deciding how much "fast food" to eat. Usually fast food is high in calories, fat, and cholesterol, but it may taste good, be readily available and inexpensive. People compare the relative value of the benefits and the harm. Similarly, people make health decisions about drugs. They weigh what they like (benefits) against the cost and potential costs (harm). Decisions are not always what everyone would call rational. They are often influenced by deeply held beliefs and strong emotions. Regardless of what influences the valence of these variables, it still ends up being a comparison of harm and benefits.

As you will see below, The Seven Challenges Process is a common sense, decision-making approach to working with drug issues. It gives clients an opportunity to scrutinize the benefits and harm from their drug use, put it in context with the rest of their lives, and make their own decisions. The Challenges are listed below.

Challenge One: *Challenging yourself to honestly look at your life, including your use of alcohol and other drugs.*

Challenge Two: *Challenging yourself to look at what you like about alcohol and other drugs, and why you use them.*

Challenge Three: *Challenging yourself to look at harm that has happened and could happen from your use of alcohol and other drugs.*

Challenge Four: *Challenging yourself to look at your responsibility and the responsibility of others for your problems.*

Challenge Five: *Challenging yourself to look at where you are headed, where you would like to go, and what you would like to accomplish.*

Challenge Six: *Challenging yourself to make thoughtful decisions about your life, including your use of alcohol and other drugs.*

Challenge Seven: *Challenging yourself to take action and succeed with your decisions about your life and your use of alcohol and other drugs.*

The first emphasis with these challenges is on creating a sense of personal empowerment, with a clear message to clients that they are in charge of their own lives and capable of making their own decisions with regard to drugs. This requires an intense effort in which clients are asked to be "honest with yourself" and then, so they can discuss matters in counseling, to trust another person or persons with the disclosure of realities of their lives (Challenge One). Next, clients have an opportunity to look at the benefits of their drug use (Challenge Two) and compare them to the current and potential costs (Challenge Three). They also can put their drug use and other behavior into the context of all of their life experiences (Challenge Four) to feel strong and empowered about moving forward, without excessive self-blame. Looking to the future (Challenge Five) they can see harm that might occur if they maintain their current course (future costs) and/or find inspiration and hope to navigate toward the type of life they would like for themselves. Finally, they make decisions about their drug use and other behaviors (Challenge Six), and then implement and evaluate their efforts to change (Challenge Seven).

Because The Seven Challenges Process is a framework for decision making that counselors want clients to learn, it is sometimes mistakenly assumed that the challenges themselves are taught as a curriculum or in a set of prescribed sessions. Although clients do get an overview during initial introductory sessions and occasionally there might be a discussion or activity about a particular challenge, the challenges themselves are not taught didactically. Rather, this decision-making process is taught, for the most part, in context as clients discuss the decisions they face in their lives.

Counselors reference challenges and make them part of the conversation in the context of clients working on the issues they are addressing during a counseling session. That is, the challenges are seamlessly incorporated into discussions. For example, a client relapsed by drinking alcohol on a Saturday night because he was bored and had nothing to do. The counselor might say: "I get it, when you drank alcohol, it was kind of a Challenge Two issue. What you liked was it stopped you from feeling bored. You had some fun." Counselors teach in this manner. Eventually clients understand the challenges and they, themselves, begin to integrate them in discussions about their drug use.

RESPONSIVE COUNSELING

As stated previously, The Seven Challenges program itself is not a curriculum or set of pre-structured sessions. It is based on the belief that effective counseling should be responsive to the unique needs of each individual and focus on the issues that are most important and immediate to the client. Other than a few introductory sessions to help counselors get started and to introduce important principles of the counseling process, nothing is pre-scripted.

In Seven Challenges, we do not try to fit individuals into a program. Rather, we wrap the program around the issues most relevant to the individuals.

EXTERNAL PRESSURE TO CHANGE DRUG USE BEHAVIOR

As you can see, the process of helping individuals make fully informed decisions to change drug use behavior is a significant and time-consuming endeavor. You may be wondering: What about people who do not have the luxury of time? What about people who are in drug court or on probation or parole? Or people who could lose their job, their romantic partners/spouses, or custody of their children, or visitation rights. Many people in counseling are under pressure of this sort, often pressure for abstinence. The Seven Challenges has developed a framework for supporting them.

It starts with screening all clients for "pressure to change" right from the first encounter. Counselors ask: (1) "Does someone expect you to quit?" If they answer "Yes," then we ask: (2) "What do you want to do about it?" and help them consider their alternatives and navigate difficult situations. This screening followed by ongoing consideration of these questions help clients build awareness of the reality of pressure; the expectations of others; and the rules and laws that impinge upon their lives.

Counselors help clients who are under pressure to change their drug use behavior realize that there are three possible alternatives:

- Quit
- Set new limits
- Keep using without new limits

Even though counselors know that their clients would be safest from consequences if they chose abstinence, they maintain their neutral position to allow for autonomy of choice. (Anyway, they know they have no magical powers to make people comply with authority or anyone else who demands change.)

This screening for pressure to change also helps clients learn to differentiate between (1) problems with drugs and (2) problems with authority/friends/family that involve drugs. Individuals can be in completely different stages of change with regard to these distinct categories. Many clients are ready to take action with regard to the latter question. They may honestly say, "I want to quit" or "I want to cut back." If they want to make these behavior changes, they will receive Individualized Support at every counseling session. This will include supportive questions during a check-in period (discussed later in this manual) to monitor and help them succeed with their decision. If clients casually ignore the pressure of their situation, counselors will push back to make sure they understand the possible consequences. This is not intended to pressure the individuals for change. Rather it is to make sure clients have open eyes about the threat they face and possible consequences of ignoring it. In the end, counselors want to find out what clients honestly intend to do and will accept whatever choices they make. Counselors do not want to push clients into lying about their intentions with

regard to drugs because then they could not help them at all with counseling.

Asking clients what they want to do in response to the pressure of courts or other authorities, or of family and friends who insist upon abstinence can possibly muddle their perception of counselors. They may think that counselors are insisting upon an agenda of abstinence. Counselors must make it clear that they are not demanding abstinence. They are not dictating choices. They simply bring up the question as a courtesy to help clients succeed and make their own informed decisions about their situation.