

# Telecounseling Intervention

MANUAL



MICHIGAN OPIOID COLLABORATIVE



**MI-teleCONNECT**

# **Telecounseling intervention manual with patients on medications for opioid use disorder**

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## Toolkit Overview

This manual was developed by our team as a part of the Mi-teleCONNECT intervention. It was also informed by other CBT treatment interventions. **We have developed a counseling guideline to aid a cognitive behavioral based conversation with patients on MOUD or those experiencing other substance use disorders.** The toolkit is meant to be led by a counselor, nurse, social worker, therapist, or someone with capacity to discuss changes in the patient's substance use and overall treatment goals. The included documents guide the staff through how to train on these 8 sessions, what to ask during each session, associated worksheets for the patient to practice the skills learned, and a brief version of each session for a quick reference.

**The overall goal of this study is to examine the feasibility and acceptability of a telephone-based psychosocial intervention to improve patients with opioid use disorders (OUD) retention on medications for OUDs.**

The study population consisted of male and female adults (18 and older) who were receiving either buprenorphine or naltrexone for treatment of OUD, and who had access to a reliable phone (to be able to complete teletherapy sessions).

**Disclaimer:** several of the worksheets found in the appendices were collected from publicly available online resources. The remainder were created by therapists involved with the study.

Portions of this manual should be referenced as:

Michigan Opioid Collaborative (2021). *Telecounseling intervention manual with patients on medications for opioid use disorder*. Unpublished manuscript.

## Specific Aims

- Specific Aim #1: Retention on medication treatment for OUD
- Specific Aim #2: Decrease substance use

## Overview of Sessions

- Total of 8 sessions; approximately 50 mins per session
- It was designed to be followed sequentially, however; it can be utilized individually per clinician's discretion.
- Each session combines Motivational Interviewing and Cognitive Behavioral Therapy concepts where rapport building is emphasized in the initial session.
- Each session has a specific topic and includes exploring current coping skills and potentially adding new techniques/strategies
  - Multiple worksheets for all topics are included in the appendix

## Session Structure

- Check-in
  - If you want to use a pre-session questionnaire to assess adherence to Medication for Opioid Use Disorder (MOUD) and current substance use, this document appears in the appendix
  - Discuss and review Medication Treatment
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session

- Problem solve/case management for issues
  - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? Reinforce all efforts related to treatment.
- Agenda Setting/Session Topic
- Skills/Handout if applicable
- Homework
- Review
- Discuss upcoming appts for Medication Treatment
  - What are the dates of the appointments?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?
- If interested in obtaining specific feedback related to perception of the session, there is a Post-Session Questionnaire in the appendix
- The session material contained within the manual is intended to be used as a guide for each session. It should not be read verbatim. Each therapist will tailor it to fit with their approach.

## Session One

### Pre-session questionnaire (if applicable)

- At each session, I'll ask you a few questions at the start of the session. This is referred to as a "pre-session" questionnaire. It's a brief check-in of substance use. This information will just be used for our sessions. Any questions?

### Agenda Setting

- Today, I'd like to take some time to talk about your treatment for opioid use disorder, and your experience so far.
- I'd also like to talk about your history of opioid use, both prescription and nonprescription, and how it has evolved over time.
- Then, we'll take some time to talk about your goals and how our time together may help you achieve them.
  - Review provider's requirements to remain in treatment for opioid use disorder
- Review
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today

**For the initial session, focus on building rapport, assessing readiness to change/motivation. Highlighting strengths, building confidence**

### Session Content

- I'm interested in hearing more about your experience with treatment for opioid use disorder
  - When did you start? How long have you been on it?
  - What medication are you prescribed? How often do you take it/dosage?

- What formulation (buprenorphine/naloxone also called suboxone, buprenorphine alone also called subutex, buprenorphine injection also called sublocade, or ER-Naltrexone also called vivitrol)?
- What has been your experience w/ the treatment?
  - Positive/negative
  - What has it helped with?
  - What issues have come up?
    - How have you managed that?

**If receiving Buprenorphine:**

- In thinking back to when you started, which is also called an induction, what was that like for you?
- What are your concerns about buprenorphine (specify the formulation they're taking)?
  - What side effects have you experienced?
  - How do you take it?
  - What things should it not be combined with?
  - How do you feel talking to your provider about these concerns?
  - Any other concerns that we haven't addressed?
- What makes it difficult to take the medication as it is prescribed?
  - What are some things that have contributed to difficulty?
    - For example, some people say: they forget, they don't have the medication with them, don't like the taste
    - Additionally, sometimes people have a lot of urges/cravings to use opioids that might trigger them to not take their medication.
    - Has this ever happened to you?
      - What are some positive ways you deal with urges and cravings?
      - Any other barriers/facilitators to treatment (i.e., transportation, etc.)
        - If so, help participant problem solve
          - Therapist can connect with local BHC to get information on local community resources
  - What has your relationship been like with your provider?
  - What is your understanding of your provider's policies around buprenorphine treatment for you?
  - Is there an agreement that you received or signed? If possible, get a copy of the provider's agreement/contract
    - What are the elements of that?
      - Completely abstinent from all substances?
      - Frequency of appts?
        - Get schedule of MT appts from patient
        - Could set up reminder calls for MT appts
        - Prepare questions/concerns for MT appts
      - What happens if you miss an appt?
      - What happens if you lose your medication or run out early?
      - What happens if there is a positive drug screen?
      - Required attendance to other counseling or AA/NA (community supports)?

**If receiving IM-Naltrexone (Vivitrol):**

- What was the process like for you?

- Detox/withdrawal
- What setting (input/output) were you in when you began treatment?
- What has been your experience with urges/cravings?
  - How do you manage these?
- Experience with the Naltrexone/Vivitrol shot?
  - Frequency
  - Any side effects?
- When did you start? How long have you been on it?
  - What concerns do you have about it?
  - How do you feel about talking to your provider about your concerns?
- What has your relationship been like with your provider?
- What is your understanding of your provider's policies around treatment for you?
- Is there an agreement that you received or signed? If possible, get a copy of the provider's agreement/contract
  - What are the elements of that?
    - Completely sober from all substances?
    - Frequency of appts?
      - Get schedule of MT appts from patient
      - Could set up reminder calls for MT appts
      - Prepare questions/concerns for MT appts
- What happens if you miss an appt?
- What happens if there is a positive drug screen?
- Required attendance to other counseling or AA/NA (community supports)?

#### **History of Substance Use:**

- Now we're going to switch gear a bit. I'm interested in knowing more about your history of substance use
- When did you first begin to use drugs?
  - Did it begin with prescription or nonprescription opioids?
    - If not, when did it progress to opioid use?
    - What was going on in your life at that time?
    - How did it progress over time?
  - When did things start to change?
  - How did it impact other parts of your life (family, friends, work)?
    - How were you feeling (mood, mental health)?
  - Periods of sobriety?
    - If so, what was that like? Mood? How were you able to do that?
  - History with treatment?
- How are you feeling about your opioid use now?
  - What changes, if any, would you like to make?
    - Confidence Rulers on ability to change?

#### **Goals for our time together:**

- What are your reasons for staying in treatment?
- What are your goals for our time together?
  - If no identified goals or changes, how we can we sustain your current recovery?
- On a scale of 1-10, how confident are you that you can achieve those goals?

## Review of Session

- Current treatment for opioid use, history of substance use, goals
- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill/injection; discuss any barriers?

## Post-session questionnaire (if applicable)

- At the end of each session, I'll ask just a couple of questions about our session. Again, it's brief and will be built into our session time.
- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

## Session Two

(Completed over next two sessions)

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- Today we're going to talk about how stress, situations, and feelings may affect your opioid/substance use. How does that sound?
- I'd like to take some time to talk triggers
  - What they are, how you might experience them
  - How you've managed them in the past
  - Brainstorm some new ways that might work for you
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

- What are some of the things that stress you out [elicit a few examples—family, unemployment, housing]?

- Think about things that have happened to you in the past week.
- How do you usually relieve stress?
  - What do you do to feel better and get more relaxed?
  - How do those work for you [elicit a few examples, including substance use]?
- What does the word “trigger” mean to you?
- How can stress be a trigger for substance use?
- Can we talk about triggers for a minute?
  - Define triggers
    - Internal vs External
      - **Internal triggers** are emotions and feelings, such as stress. or feeling sad, or sometimes feeling happy and wanting to “celebrate”. Internal triggers may also be bodily states, like feeling tired, being in pain, or being in withdrawal.
      - What is an example of an internal trigger that you’ve experienced? (Sometimes a patient. will report no triggers, in this case you can ask them what triggered them in the past (but doesn’t now) or what have they heard triggers other people. Also, some patients. are only thinking about being triggered within the context of wanting to use substances and so report no triggers, if this is the case make the subject broader and ask what triggers stress, anxiety, depression, etc.; then you can bring this back to how it may have an impact on substance use later). External triggers can be people, situations, and places that lead to using; triggers outside of yourself. One example might be being with a friend who uses and expects you to use as well. In that scenario, it might trigger you to use because you’re around it.
      - What is an external trigger that you’ve experienced?
      - **Ask patient which is more prevalent for them now (internal or external). Focus session on the type of trigger identified as more prevalent.**
        - The other type of trigger will be the focus of the next session.
      - Examples of *most prevalent type of triggers*
      - Elicit patient’s triggers
      - When did you last experience that type trigger that led to using?
      - Sometimes the substance use is so automatic that it’s hard to notice the trigger. What is your experience?
      - How have you experienced *internal/external* triggers?
- Now that we have talked about the triggers that can lead to substance use, is it OK if we move on and talk about how we can use healthy ways to cope with triggers and avoid using?
- Earlier we talked about some external/internal triggers for using. Sometimes it is helpful to talk about one trigger in more detail. What do you think about that? Which would you like to discuss?
  - What have you tried in the past to cope with this trigger?
    - How did that work out?
  - For external triggers such as risky people or situations, **avoidance** of these may be an important strategy.
    - Help patients troubleshoot ways to avoid these external triggers and discuss ways they can manage triggers that they cannot avoid. (E.g., if they live with someone who is using and cannot avoid them, what can they do to effectively deal with that trigger?) Can talk with patient. here about the idea of setting up boundaries and ask them if they feel whether it’s achievable, and what are possible barriers to setting up these boundaries in their lives.
  - Having a list of negatives of using and positives of staying sober
  - Incorporating a “healthy” lifestyle to include exercise, nutrition, regular sleep schedule.

- For internal triggers such as anxiety or depression, help patients come up with healthy ways to cope.
  - Talking about feelings with family, friends, or a counselor
  - Engaging in a pleasurable task
  - Allowing oneself to process negative emotions without substance use are examples of healthy coping techniques.
- Having a list of negatives of using and positives of staying sober
- Incorporating a “healthy” lifestyle to include exercise, nutrition, regular sleep schedule
- What would make it easier if you wanted to try this strategy in the future?
- Let’s talk about another trigger and ways to avoid using.
  - Review the external and internal triggers most important to the patient and offer several ways to avoid or cope with triggers in a healthy way; if the patient does not have ideas, ask permission to share ideas and follow up that advice with his or her reactions.
    - What could you do to avoid using when faced with these triggers?
    - If you want to make a choice not to use, what do you need to do?
    - What are some strategies you can follow to make a healthier choice?
    - What kind of plan can you have in place?

### Go over Trigger Worksheet (See Appendix)

- Sometimes it’s helpful to have a list and keep track of situations that trigger you to want to use
- This can help to increase your awareness of the trigger(s) and how well the strategy you used worked.
- I do have a worksheet that I can send (email/mail) where you could document date, trigger, strategy used, and notes to discuss
  - Does this sound like something that would be useful to you?

### Review of Session

- Summarize triggers discussed; identified ways of coping with triggers
- How confident are you that you will be able to use patient’s identified strategy?
- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient’s next refill; discuss any barriers?

### Post-session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

## Session Three

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues

- Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- Today we're going to talk about internal/external triggers
  - What they are, how you might experience them
  - How you've managed them in the past
    - Brainstorm some new ways that might work for you
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

- Last week we focused on internal/external triggers. Today, I'd like to spend some time talking about the other type of trigger.
  - Define trigger
    - Internal vs External
      - **Internal triggers** are emotions and feelings, such as stress. Another example is feeling sad. Internal triggers may also be bodily states, like feeling tired, being in pain, or being in withdrawal.
      - **External triggers** can be people, situations, and places that lead to drinking/using; triggers outside of yourself. One example might be being with family and friends who drink/use. So, for example, if someone is around people who start drinking/using, his or her family or friends may expect this person to drink/use or pressure this person to drink/use as well.
      - **Discuss the type of trigger that wasn't discussed during the last session**
      - Examples of triggers
      - Elicit patient's triggers
      - When did you last experience an internal/external trigger that led to using?
      - What was that like for you?
- Now that we have talked about the triggers that can lead to substance use, is it OK if we move on and talk about how we can use healthy ways to cope with triggers and avoid using?
- Like we did last week, I'd like to talk about one trigger in more detail. What do you think about that? Which would you like to discuss?
  - For external triggers such as risky people or situations, avoidance of these may be an important strategy. Help patients troubleshoot ways to avoid these external triggers and discuss ways they can manage triggers that they cannot avoid. (E.g., if they live with someone who is using and cannot avoid them, what can they do to effectively deal with that trigger?)
  - For internal triggers such as anxiety or depression, help patients come up with healthy ways to cope. Talking about feelings with friends or a counselor, engaging in a pleasurable task, or allowing oneself to process negative emotions without substance use are examples of healthy coping techniques.

- What would make it easier if you wanted to try this strategy in the future?
  - Let's talk about another trigger and ways to avoid using.
    - Review the external and internal triggers most important to the patient and offer several ways to avoid or cope with triggers in a healthy way; if the patient does not have ideas, ask permission to share ideas and follow up that advice with his or her reactions.
      - What could you do to avoid using when faced with these triggers?
      - If you want to make a choice not to use, what do you need to do?
      - What are some strategies you can follow to make a healthier choice?
      - What kind of plan can you have in place?

### Go over Trigger Worksheet (See Appendix)

- Explain how to use worksheet/document

### Review of Session

- Summarize triggers discussed; identified ways of coping with triggers
- How confident are you that you will be able to use patient's identified strategy?
- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?

### Post-session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

## Session Four

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- Today I'd like to take some time to talk cravings and what you've experienced
- We'll also talk about different ways to manage cravings
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

### Cravings

- What does craving mean to you?
  - How have you experienced it? (Patient may report current experience with cravings, so you can ask when last craving to use substances was. If they report no current cravings, as about how they experienced them in the past, or what they have heard other people experience with respect to cravings).
  - Elicit information about what patient is experiencing
  - How long does it last?
- Ask for permission to give more information (Craving Handout; see appendix)
- Cravings or urges are experienced in a variety of ways by different patients.
- For some, the experience is primarily somatic; for example, "I just get a feeling in my stomach" or "My heart races" or "I start smelling it." For others, craving is
- experienced more cognitively; for example, "I need it now" or "I can't get it out of my head" or "It calls me." Or it may be experienced affectively; for example, "I get nervous" or "I'm bored."

### Managing Cravings

- There are a variety of strategies for coping with cravings
- What have you done in the past to manage cravings?
- How did that work?
- Some other strategies are
  - **Distraction:** Create a list of healthy distractions that you can refer to if a craving is overwhelming so you don't have to think too much; Distractions can be anything from a brisk walk or run, swimming laps, calling a friend, reading a book or cleaning; Choosing an exercise, offers the added bonus from a boost of endorphins, which will help to reduce the stress and anxiety you may be feeling; Practice mindful meditation to find a peaceful resolution. Visualize yourself going through the motions of your distraction to help you to get started.
  - Talking about craving
  - **Going with the craving:** Rather than fight the intense craving to drink or use drugs, accept the urge, and ride it out. This overwhelming feeling to drink won't kill you and given enough time, it will subside. Many urges will disappear in 10 to 15 minutes. If they do not, remove yourself from the situation you're in which could possibly be triggering your urges. In the past, you may have had a drink to cover up emotional or physical discomforts but now is the time to work through them and understand that discomforts in life are inevitable and are perfectly okay.
  - **Recalling the negative consequences/Rational thinking:** Challenge your thoughts when an urge arises and ask yourself, "Is this really what I want to do?"; "Do I want to wake up hung over, ashamed, feeling guilty and riddled with anxiety? Thoughts like "There is no way I can fight this" or "I might as well have a drink and get it over with" are counterproductive. These thoughts need to be examined and stopped immediately. If a situation is causing you to want to drink, examine your thoughts. For example, you're having a bad day at work and the boss just reamed you out. Instead

of rushing off to the local pub, analyze the conversation and pull-out nuggets of information that you can improve on to better perform at work.

- **Using self-talk:** When a craving arises, resist the urge to use by talking yourself out of it using logic and reason. Because a craving can often be short-sighted and prevent you from seeing the big picture outside the immediate moment, you can prepare a list ahead of time and have it handy to read to yourself when a drug craving comes on. This list may contain all the reasons that you've chosen to quit in the first place as well as all the negative consequences that could occur if you choose to use.
- In thinking about these strategies, which ones might you try?
  - Give situation and ask for example of using specified strategy.
    - Confidence Ruler
- Therapists may wish to point out that these strategies may not stop craving completely. However, with practice, they will reduce the frequency and intensity of craving and make it less disturbing and frustrating when it occurs.

## Review of Session/Homework Assignment

- Summarize identified cravings; identified strategies
- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?

## Post-Session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

## Session five

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- Today I'd like to take some time to talk about mood/mental health/specifically related to what patient is experiencing.
- We'll also talk about some ways to manage mood and/or some healthy habits
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

### Mood/Mental Health

#### *Depression/Anxiety/etc.*

- Mood is a temporary feeling or state of mind. People can experience moods in varying time periods. For example, you might wake up in a bad mood and feel irritable or easily annoyed. Perhaps you didn't get enough sleep, so you wake up feeling this way. Throughout the day, it could change. Maybe your mood improves, stay the same, or declines/gets worse.
- Whereas mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.
  - **Being mentally healthy** incorporates a person's ability to learn new skills and coping mechanisms; the ability to feel, express, and manage a range of **positive** and negative emotions including depression and/or anxiety; the ability to form and maintain **good** relationships with others.
    - How would you describe your current mood?
      - If positive, validate and what are you doing to maintain that?
      - If negative, what do you do to manage or what's helpful?
      - Managing impulses, where to put
    - How would you describe your mental health now?
      - If positive, validate and what are you doing to maintain that?
      - If negative, how do you experience it (depression/anxiety)
      - Negative self-talk/hurtful thoughts: all people experience those at some point in time
      - What do you do to manage or what's helpful?
      - How have they managed this in the past; what works/what doesn't work
      - What have you heard that works for others?
- Elicit information about what patient is experiencing.
  - What is that like for **them**?
  - Ask permission to provide more information
  - If applicable, discuss self-medicating, tolerance, etc.
  - How have they managed this in the past; what works/what doesn't work?

### Healthy Habits and/or Thought Management

- What does being healthier mean to you?
  - How important is it to be healthier, or to have a healthier family?
  - What things do you do to stay healthy/healthier? How would you know if you were living healthier?
- If there are no consequences to health, emphasize the positive things he or she is doing to stay healthy.
- Different ways to manage thoughts

- Challenging thoughts
- Think non-judgmentally
- Cognitive restructuring

## Review of Session/Homework

- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?

## Post-session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

## Session Six

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

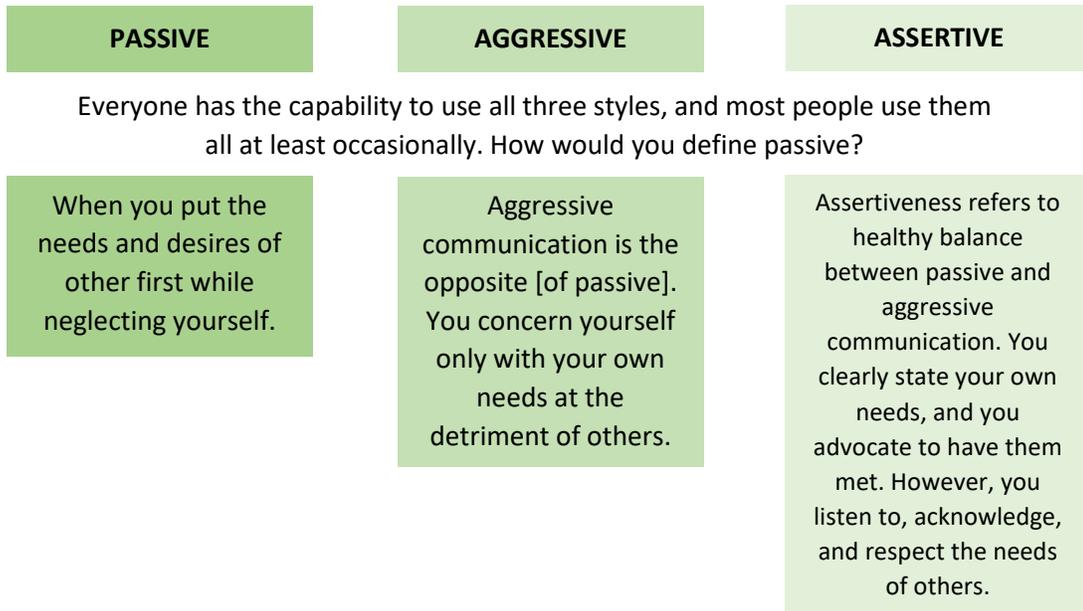
### Agenda Setting

- Today I'd like to take some time talking about your social situations
  - The people you spend time with and how they might affect your substance use
    - Strategies to communicate effectively
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

### Session Content

**People and substance use:**

- Tell me about the people you spend time with
  - How many uses and don't use substances
    - What are some ways to avoid using when in situations where others are using?
      - Elicit responses
      - Ask permission to provide other strategies
      - Avoiding: Reflect patient's ambivalence about avoiding social situations or people
      - There are 3 different communication styles:



- The 3 C's of assertive communication are:
  - **Confidence:** you are composed and believe in yourself and what you're saying
  - **Clarity:** your message is clear and easy to understand
  - **Control:** You are in control of the situation and are monitoring what's happening
- Elicit examples of passive, aggressive, assertive
- If personal experiences, how did that work out?
- Discuss traits of each (see chart below)
- Elicit examples
- Role Play: relevant situation
  - You can choose to communicate with others in a way that improves your relationship and supports your recovery
    - Assertive communication can be a good way to express yourself
    - Of the 3 communication styles that we've talked about, which one are you most likely to use?
    - On a scale of 1-10, how likely are you to use practice assertive communication?
    - On a scale of 1-10, how confident are you that you will use assertive communication
  - Communication Review of Session/Homework
- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?

## Post-session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday.

	Passive	Aggressive	Assertive
<b>Basic Thought</b>	"I am not worthy."	"You are not worthy."	"We are both worthy."
<b>Body Language</b>	quiet tone eyes pointing downward or away shoulders hunched together fidgeting feet and hands	loud or angry tone staring or overly direct eye contact pointing, clenched fist, dramatic movements	firm but respectful tone relaxed appearance appropriate eye contact appropriate gestures
<b>Language Style</b>	Apologetic, submissive, vague, self-deprecating.	Insulting, sarcastic, patronising, disrespectful.	Confident, relaxed, firm, polite, respectful.
<b>Consequences</b>	feel taken advantage of feel unheard rarely has own needs met feels poorly about self	creates enemies experiences frequent arguments feels angry causes others to feel poorly about themselves	positive relationships more fairness in meeting needs of self and others good outcomes for both parties feelings of confidence

## Session Seven

### Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts

related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- I'd like to take time to talk about the importance of having social support system to help maintain sobriety
  - Identify current support system
  - How to bolster/expand
- Review/Homework
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

### Social Support

- Importance of support system in recovery
- Identify people/supports that are present
  - Who are the people in your life who give you support?
  - Last session we discussed the people you could be assertive with
  - These people can be friends, partners, family members, people you are in groups with, coworkers, church members,
  - Type of support each provides
    - Emotional, practical, companionship, advice
    - How does that support your recovery?
    - Can be helpful to explore differences in their support systems when they were actively using substances and when in recovery and if/how it has changed
  - Explore what types of support they need most
  - Expand on ways to expand support system
    - In addition to the people you already know, sometimes being sober also means meeting new people who do not use. How do you feel about meeting new people?
    - How would you do it and where would you start?
    - What would get in the way of meeting new people or what has prevented you from meeting new people before?
    - How can you overcome those barriers?

### Review of Session

- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write down questions/concerns); reminder call?
  - When is the patient's next refill; discuss any barriers?

### Post-session questionnaire (if applicable)

- **OPTIONAL:** Get schedule of upcoming medication treatment appts and set up reminder calls 1-2 days before scheduled appt. Please note: if the appt falls on a Monday, reminder call would be on Friday

# Session Eight

## Pre-session questionnaire (if applicable)

- Check-in/Complete pre-session questionnaire
  - Discuss and review Medication Treatment (5-10 minutes)
    - How is it going since last session?
    - Review specific concerns/barriers identified in previous session
      - Problem solve/case management for issues
      - Any new concerns or issues?
- Bridge/Review of last session
  - What stood out for you most in the last session? What was most helpful about the last session? What did you learn from the previous session? Utilize any skills? Homework? Reinforce all efforts related to treatment. When reviewing homework assignment, inquire about what patient learned from it and how completion of the assignment was applicable to daily life. Also inquire about ways patient can envision using the skill that was practiced in the future.

## Agenda Setting

- Today I'd like to take time to review different topics we've discussed and get your feedback.
- Talk about your goals and all of the progress that you've made
- The next steps for follow-up
- Post-session questionnaire (if applicable)
- Is there anything you would like to add to the agenda for today?

## Session Content

Review past session topics and information/experiences shared

- What has been the most impactful for you?
- What stands out for you the most?
- What have you found most beneficial?
- Least beneficial?
- What would make these sessions better?
- What skills might you use in the future?
- What are your next steps in treatment?
- How will you maintain sobriety?

## Goals

- In thinking about the goals that you identified in our initial session, do you feel as though you've achieved them or are working towards them?

## Review of Session

- Discuss upcoming appts for MT
  - What are the dates of the appts?
  - Discuss upcoming appt; what patient wants to address during the appt; how to prepare (write

- down questions/concerns); reminder call?
- When is the patient's next refill; discuss any barriers?

### **Post-session questionnaire (if applicable)**

# Appendices

## Includes resources such as:

- Pre-Session Questionnaire
- Post-Session Questionnaire
- Session Feedback Form
- Risk Assessment Flowchart
- Facts about Cravings and Triggers
- Coping Skills for Anxiety
- Distress Tolerance
- Cognitive Model worksheet
- Managing Thoughts worksheet
- SMART Goals worksheet
- Managing Depression
- Self-Care Tracker
- Core Beliefs worksheet
- Decatastrophizing worksheet
- Lapse and Relapse worksheet
- And more!

## Pre-Session Questionnaire

The following questions ask about your recent behaviors and how you are currently feeling. Please be as honest as possible when answering these questions, even if they are difficult for you. Knowing this information will be helpful for me during this session. Remember, your answers to these questions are designed to be discussed only with your research study therapist; we will not share the information with anyone outside our research team.

Since we last spoke, have you had any changes in your prescribed medication for opioid use disorder (either buprenorphine or extended-release naltrexone)?

No

Yes

Since we last spoke, have you taken your buprenorphine/extended-release naltrexone as prescribed?

No

Yes

If applicable, how many doses of your buprenorphine medication have you missed in the last week?

Since we last spoke, have you taken medications that were NOT prescribed to you or in a way that was not prescribed?

No

Yes

Since we last spoke, have you used any drugs or alcohol?

No

Yes

On a scale of 0 to 10, how important do you think it is to take your buprenorphine/extended-release naltrexone as it is prescribed to you?

NOT AT ALL  
IMPORTANT

0

1

2

3

4

5

6

7

8

9

10

VERY  
IMPORTANT

On a scale of 0 to 10, how confident are you that you will be able to continue taking your buprenorphine/extended-release naltrexone as prescribed going forward (i.e. the next 3 months)?

LOW

0

1

2

3

4

5

6

7

8

9

10

HIGH

## Post-Session Questionnaire

**Please answer these questions about today's sessions**

1. What was the most helpful thing about today's session? (DESCRIBE):

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## Session Feedback Form

**Instructions:** Below is a list of statements about your relationship with your study therapist. Consider each item carefully and circle the number which best describes your level of agreement for each of the following items based on the scale below.

	Never	Rarely	Occasionally	Sometimes	Often	Very often	Always
1. My therapist and I agree about the things I will need to do in therapy to help improve my situation.	1	2	3	4	5	6	7
2. What I am doing in therapy gives me new ways of looking at my problem.	1	2	3	4	5	6	7
3. I believe my therapist likes me.	1	2	3	4	5	6	7
4. My therapist <b>does not</b> understand what I am trying to accomplish in therapy.	1	2	3	4	5	6	7
5. I am confident in my therapists' ability to help me.	1	2	3	4	5	6	7
6. My therapist and I are working towards mutually agreed-upon goals.	1	2	3	4	5	6	7
7. I feel that my therapist appreciates me.	1	2	3	4	5	6	7
8. We agree on what is important for me to work on.	1	2	3	4	5	6	7
9. My therapist and I trust one another.	1	2	3	4	5	6	7
10. My therapist and I <b>have different</b> ideas on what my problems are.	1	2	3	4	5	6	7
11. We have established a good understanding on the kind of changes that would be good for me.	1	2	3	4	5	6	7
12. I believe the way we are working with my problem is correct.	1	2	3	4	5	6	7

**Remember, your therapist will NOT see your individual answers.**

For the following questions, please circle the number on the scale which best fits how you felt about **your sessions with the therapist:**

1. How comfortable did you feel discussing issues around **medication treatment** with your therapist?

0    1    2    3    4    5    6    7    8    9    10

I was extremely  
uncomfortable

I was extremely  
comfortable

2. How comfortable did you feel discussing issues around **opioids** with your therapist?

0 1 2 3 4 5 6 7 8 9 10

I was extremely  
uncomfortable

I was extremely  
comfortable

3. How well did your therapist explain the structure and purpose of the sessions to you?

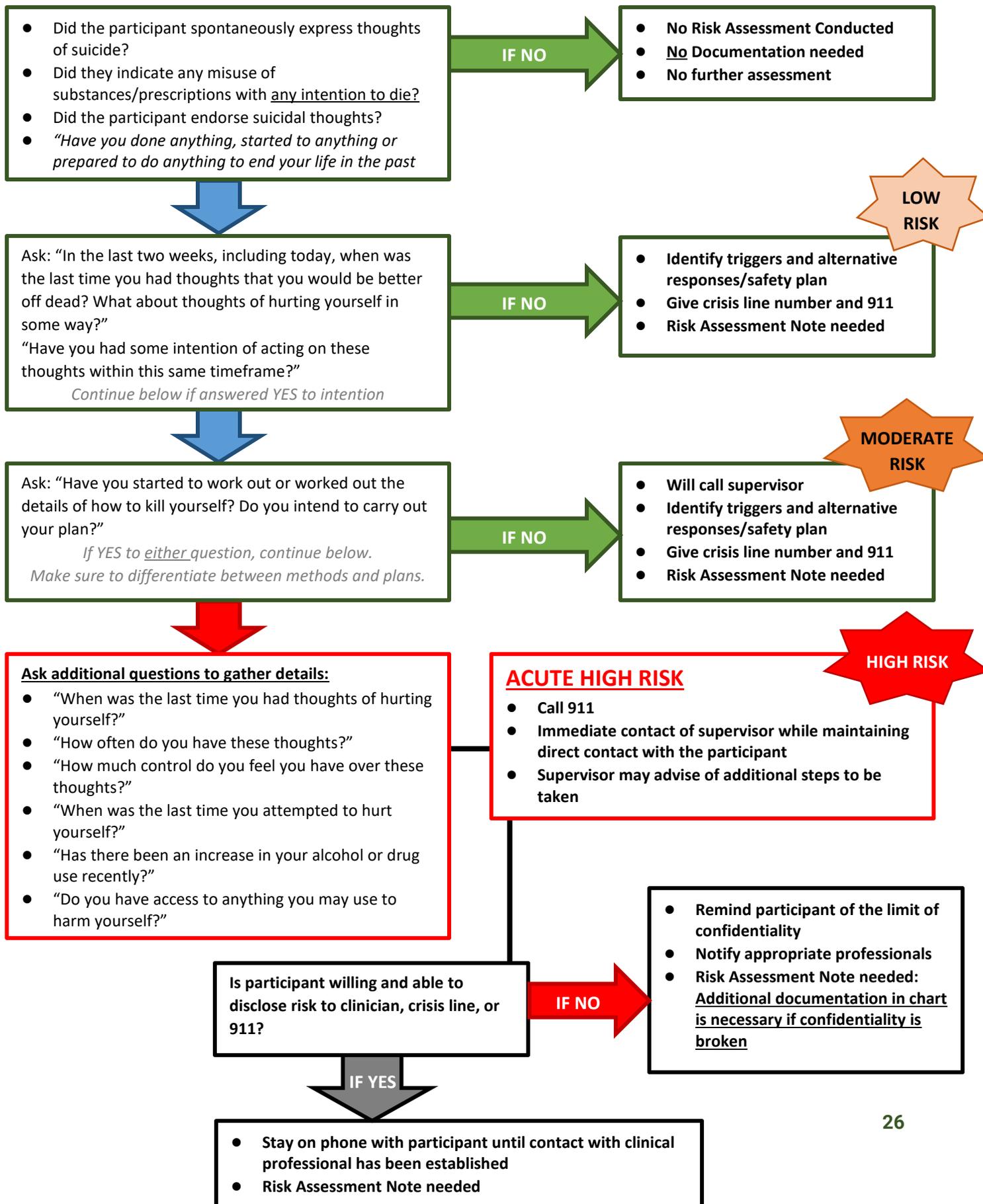
0 1 2 3 4 5 6 7 8 9 10

Did not explain  
anything

Explained  
everything

**Thanks so much for your feedback!**

## Risk Assessment Flowchart



Study ID: \_\_\_\_\_  
Session #: \_\_\_\_\_

Therapist Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

## Participant Risk Assessment Note

Study ID \_\_\_\_\_

### Location:

- In Person (\_\_\_\_\_)
- Phone
- Video
- Other (\_\_\_\_\_)

### Appointment type:

- Screening
- Baseline
- Therapy Session # \_\_\_\_\_
- Follow-up # \_\_\_\_\_

### Risk Type:

- Suicide
- Homicide
- Substance use
- Child/elder abuse

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Participant was assessed for risk of harm to self as determined by protocol criteria (see risk categorization flowchart) and/or endorsement of an imminent risk for suicide.

### Brief description of risk assessment:

### Brief description of action steps and rationale for decision:

Staff Risk Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor or Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Facts about Cravings

Cravings are a common occurrence when stopping or reducing alcohol and/or drug use. Understanding cravings helps people to overcome them, so here are some simple facts.

- Cravings are the result of long-term alcohol and/or other drug use and can continue for some time after the use has stopped. People with a history of heavier use might experience stronger or more frequent urges. These are common.
- Cravings can be triggered by people, places, things, feelings, situations, or anything associated with past use. Cravings are predictable.
- A craving is just like a wave at the beach. Every wave in a set starts off small, builds up to its highest point, and then breaks and flows away to shore. Each individual wave never lasts more than a few minutes. A craving is just the same. It starts off small and then builds up. But it peaks, just like a wave, and will eventually break and disappear. This whole process usually doesn't last more than minutes. Cravings are time-limited.
- Cravings will lose their power if force is not given to them by using or drinking in response. Even if use occurs only once in a while, it will still keep those cravings alive. Cravings are like a stray animal – keep feeding them and they will keep coming back. So, in a very real sense these cravings are controllable.
- Cravings tend to be stronger earlier on, then weaken, and eventually fade over time
- Each time a person does something other than drink and/or use other drugs, the craving loses power.
- Stopping alcohol and other drug use completely is the quickest way to get rid of the cravings
- 
- There are medications that help people manage cravings for alcohol and some other drugs.



# Coping Skills for Anxiety

## Deep Breathing

Deep breathing is a simple technique that can be used anytime, anywhere to help reduce feelings of anxiety.

- Place one hand on your belly.
- Breathe in slowly through your nose and let your belly fill with air. As you breathe in, count to 3.
- Hold the air in your lungs for 3 seconds.
- Exhale slowly through your mouth as if you are blowing into a straw. As you exhale, count to 3.

Remember that the key is to **take it slow**.

## Imagery

Using imagery, you can create a comforting scene/situation that is different than the one you are currently in. This can help improve your mood and reduce anxiety.

Think of a place where you feel safe. This can be your home, a secluded beach, your favorite park or a nature trail. Close your eyes and use your 5 senses to really imagine this place in great detail.

- What do you **SEE** in your safe place? Look around and imagine all of your surroundings.
- What do you **HEAR**? Do you hear anything clearly? What about off in the distance?
- Can you **TASTE** anything? Are you eating or drinking?
- What do you **SMELL**? Are there any distinctive scents?

- What do you **FEEL**? What is the temperature? Allow yourself to truly feel the sensations

## Progressive Muscle Relaxation

Progressive Muscle Relaxation (PMR) is a technique used to give you control over body's anxiety response.

- **Forehead.** Squeeze the muscles in your forehead, holding for 15 seconds. Allow the muscles to become tighter and tenser. Then, slowly release the tension in your forehead counting to 30.
- **Jaw.** Tense the muscles in your jaw, holding for 15 seconds. Then, release the tension slowly while counting to 30.
- **Neck and Shoulders.** Raise your shoulders up toward your ears and hold for 15 seconds. Allow yourself to feel the tension building up in your neck and shoulders. Then, slowly release the tension while counting to 30.
- **Arms and hands.** Slowly draw both of your hands into fists. Pull your fists into your chest and hold for 15 seconds, squeezing as tight as you can. Then, slowly open your hands while you count to 30.
- **Buttocks.** Slowly clench your buttocks over 15 seconds. Then, slowly release the tension while counting to 30.
- **Legs and Feet.** Increase the tension from your legs down to your feet. You can do this by pointing your feet out and flexing as hard as you can.
- **Torso.** Suck in your abdomen as tight as you can. Then, release the tension and let it expand.

## Change Your Thoughts

Your thoughts play the biggest role in anxiety. By changing your thoughts, you can greatly reduce the feeling of anxiety.

- **Catch it.** Identify the negative thoughts that are causing your anxiety. The best way to do this is to use your emotions as 'cues'. When you feel anxious, what are the thoughts that are running through your mind? What are you thinking about in those moments?
- **Check it.** Pause and analyze the thought(s). Are these proven facts? Do you have evidence to support this? Naturally, our first instinct is to believe that we are right. However, the truth is, our thoughts are usually not reality. It's incredibly difficult to challenge our own thoughts objectively. If you need help, contact your therapist or peer support.
- **Change it.** Practice replacing your irrational thoughts with rational ones. Whenever you have a negative or anxiety-inducing thought, replace it with facts. Focusing on facts can keep you from allowing anxiety to take over.

# Facts about Stress

The following table lists some of the common warning signs and symptoms of stress. The more signs and symptoms you notice in yourself, the closer you may be to stress overload.

## **Stress Warning Signs and Symptoms**

### *Cognitive Symptoms*

- Memory problems
- Inability to concentrate
- Poor judgment
- Seeing only the negative
- Anxious or racing thoughts
- Constant worrying

### *Emotional Symptoms*

- Moodiness
- Irritability or short temper
- Agitation, inability to relax
- Feeling overwhelmed
- Sense of loneliness and isolation
- Depression or general unhappiness

### *Physical Symptoms*

- Aches and pains
- Diarrhea or constipation
- Nausea, dizziness
- Chest pain, rapid heartbeat
- Loss of sex drive
- Frequent colds

### *Behavioral Symptoms*

- Eating more or less
- Sleeping too much or too little
- Isolating yourself from others
- Procrastinating or neglecting responsibilities
- Using alcohol, cigarettes, or drugs to relax
- Nervous habits (e.g. nail biting, pacing)

## **Tips for Stress Management**

### **Stress management strategy #1: Avoid unnecessary stress**

- **Learn how to say “no”** – Know your limits and stick to them. Whether in your personal or professional life, refuse to accept added responsibilities when you’re close to reaching your limits. Taking on more than you can handle is a surefire recipe for stress.
- **Avoid people who stress you out** – If someone consistently causes stress in your life and you can’t turn the relationship around, limit the amount of time you spend with that person or end the relationship entirely.
- **Take control of your environment** – If the evening news makes you anxious, turn the TV off. If traffic’s got you tense, take a longer but less-traveled route.
- **Pare down your to-do list** – Analyze your schedule, responsibilities, and daily tasks. If you’ve got too much on your plate, distinguish between the “shoulds” and the “musts.” Drop tasks that aren’t truly necessary to the bottom of the list or eliminate them entirely.

### **Stress management strategy #2: Alter the situation**

- **Express your feelings instead of bottling them up.** If something or someone is bothering you, communicate your concerns in an open and respectful way. If you don’t voice your feelings, resentment will build and the situation will likely remain the same.
- **Be willing to compromise.** When you ask someone to change their behavior, be willing to do the same. If you both are willing to bend at least a little, you’ll have a good chance of finding a happy middle ground.
- **Be more assertive.** Don’t take a backseat in your own life. Deal with problems head on, doing your best to anticipate and prevent them. If it’s time to go to sleep and a friend calls to chat, say up front that you only have five minutes to talk.
- **Manage your time better.** Poor time management can cause a lot of stress. When you’re stretched too thin and running behind, it’s hard to stay calm and focused. But if you plan ahead and make sure you don’t overextend yourself, you can alter the amount of stress you’re under.

- **Adjust your standards.** Perfectionism is a major source of avoidable stress. Stop setting yourself up for failure by demanding perfection. Set reasonable standards for yourself and others, and learn to be okay with “good enough.”
- **Focus on the positive.** When stress is getting you down, take a moment to reflect on all the things you appreciate in your life, including your own positive qualities and gifts. This simple strategy can help you keep things in perspective.

### **Stress management strategy #3: Accept the things you can't change**

- **Don't try to control the uncontrollable.** Many things in life are beyond our control— particularly the behavior of other people. Rather than stressing out over them, focus on the things you can control such as the way you choose to react to problems.
- **Look for the upside.** As the saying goes, “What doesn't kill us makes us stronger.” When facing major challenges, try to look at them as opportunities for personal growth. If your own poor choices contributed to a stressful situation, reflect on them and learn from your mistakes.
- **Share your feelings.** Talk to a trusted friend or make an appointment with a therapist. Expressing what you're going through can be very therapeutic, even if there's nothing you can do to alter the stressful situation.
- **Learn to forgive.** Accept the fact that we live in an imperfect world and that people make mistakes. Let go of anger and resentments. Free yourself from negative energy by forgiving and moving on.

### **Stress management strategy #4: Make time for fun and relaxation**

- **Set aside relaxation time.** Include rest and relaxation in your daily schedule. Don't allow other obligations to intrude. This is your time to take a break from all responsibilities and recharge your batteries.
- **Connect with others.** Spend time with positive people who enhance your life. A strong support system will help protect you from the negative effects of stress.
- **Do something you enjoy every day.** Make time for leisure activities that bring you joy, whatever that may be.
- **Keep your sense of humor.** This includes the ability to laugh at yourself. The act of laughing helps your body fight stress in a number of ways.

### **Stress management strategy #5: Adopt a healthy lifestyle**

- **Exercise regularly.** Physical activity plays a key role in reducing and preventing the effects of stress. Make time for at least one hour of exercise, four times per week. Nothing beats aerobic exercise for releasing pent-up stress and tension.
- **Eat a healthy diet.** Well-nourished bodies are better prepared to cope with stress, so be mindful of what you eat. Start your day right with breakfast, and keep your energy up and your mind clear with balanced, nutritious meals throughout the day.
- **Reduce caffeine and sugar.** The temporary "highs" caffeine and sugar provide often end in with a crash in mood and energy. By reducing the amount of coffee, soft drinks, chocolate, and sugar snacks in your diet, you'll feel more relaxed and you'll sleep better.
- **Avoid alcohol, cigarettes, and drugs.** Self-medicating with alcohol or drugs may provide an easy escape from stress, but the relief is only temporary. Don't avoid or mask the issue at hand; deal with problems head on and with a clear mind.
- **Get enough sleep.** Adequate sleep fuels your mind, as well as your body. Feeling tired will increase your stress because it may cause you to think irrationally.

# IMPROVE THE MOMENT

## DISTRESS TOLERANCE SKILLS WORKSHEET

**Emotion:** \_\_\_\_\_

### IMAGERY

Imagine yourself successfully conquering this situation. What would it look like if you navigated this issue in wise mind? What would the outcome be?

- List 3 occasions when you were successful / accomplished something

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- List 3 people who have helped you in the past

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Let's play the "what if" game. Using what if statements can help you imagine your success more clearly. What if you navigated this situation skillfully?

What if I \_\_\_\_\_

What if I \_\_\_\_\_

### MEANING

Try to find meaning in your painful experience. Why do you think this happened? What can you learn from this?

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## ONE THING AT A TIME

Stay in the moment by focusing on one thing at a time. When we bring the past into a present situation or allow the stress of future consequences to pile on—it only makes the feeling of distress worse. In times of distress, having a one-track mind helps!

Here are some activities you can focus on right now:

- Sing the lyrics to your favorite song (can also be karaoke)
- Count backwards from 1,000 by 7
- Play iSpy and choose a color to focus on
- Read a book or magazine out loud
- Find an easy drawing tutorial on YouTube and follow along with your own drawing
- Choose a random object, like a spoon, and try to list 20-30 possible/crazy uses for it.
- Find an interesting podcast and listen to 1 episode intently

## VACATION

In an ideal world, we can take a vacation somewhere far and peaceful to re-group, re-charge and re-fresh. Unfortunately, in times of distress, we can't always leave everything behind and hop on a plane. However, what we can do, is take a Mental Vacation. A Mental Vacation is a brief break from stress. Be sure to let your loved ones know so they won't worry.

Here are some examples of a Mental Vacation:

- Turn off your phone for the day, or for a couple hours. Turn off other electronics such as computers, laptops, iPads, and other devices.
- Take a blanket to the beach or park and just sit/lay down for a couple hours.
- Play a low-intensity game such as solitaire, video games like Sims, etc.
- Go for a walk around your neighborhood with no phone or access to the internet.
- Watch a light-hearted movie in a private room where you'll be uninterrupted.
- Go take a yoga class.

Stay on your "vacation" for as long as you need. The goal is to return feeling more relaxed and ready to move forward skillfully.



## ENCOURAGEMENT

Words of encouragement are incredibly helpful in times of distress. The nice thing is, encouragement does not need to come from someone else to be true or effective. Being your own cheerleader is not only effective, but an essential act of self-love. Think to yourself, what would you say to your best friend if he or she was feeling discouraged?

Below are a few affirmations you can read to yourself:

- I can do this.
- Things will get better.
- This situation won't last forever.
- I've already been through many other painful experiences, and I've survived.
- This too shall pass.
- My feelings are uncomfortable, but I can accept them.
- I can be anxious and still deal with the situation.
- I'm strong enough to handle what's happening to me right now.
- This is an opportunity for me to learn how to cope with my fears.
- I can ride this out and not let it get to me.
- I can take all the time I need right now to let go and relax.
- It's okay to feel sad/anxious/afraid sometimes.
- My thoughts don't control my life. I do.
- This situation sucks, but it's only temporary.
- I'm strong and I can deal with this.
- I am a valuable and important person, and I'm worthy of the respect of others.
- I can express my ideas, and others need to respect my point of view.
- I have pride in my past performance and a positive expectancy of the future.
- I am my own authority (and I am not affected by negative opinions or attitudes of others.)
- It is not what happens to me, but how I handle it, that determines my emotional well being.

Can you think of a few positive affirmations to say to yourself?

I am \_\_\_\_\_

I am \_\_\_\_\_

I can \_\_\_\_\_

I can \_\_\_\_\_

Now read your written affirmations out loud. You'll be amazed by your ability to cheerlead yourself through a tough time!



# Is it stress or anxiety?

Life can be stressful—you may feel stressed about performance at school, traumatic events (such as a pandemic, natural disaster, or act of violence), or a life change. Everyone feels stress from time to time.

What is stress? Stress is the physical or mental response to an external cause, such as having a lot of homework or having an illness. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time.

What is anxiety? Anxiety is your body's reaction to stress and can occur even if there is no current threat.

If that anxiety doesn't go away and begins to interfere with your life, it could affect your health. You could experience problems with sleeping, or with your immune, digestive, cardiovascular, and reproductive systems. You also may be at higher risk for developing a mental illness such as an anxiety disorder or depression. Read more about [anxiety disorders](#).

**So, how do you know when to seek help?**

## Stress vs. Anxiety

Stress	Both Stress and Anxiety	Anxiety
Generally is a response to an <i>external</i> cause, such as taking a big test or arguing with a friend. Goes away once the situation is resolved. Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.	Both stress and anxiety can affect your mind and body. You may experience symptoms such as:  Excessive worry Uneasiness Tension Headaches or body pain High blood pressure Loss of sleep	Generally is <i>internal</i> , meaning it's your reaction to stress. Usually involves a persistent feeling of apprehension or dread that doesn't go away, and that interferes with how you live your life. Is constant, even if there is no immediate threat.

## It's important to manage your stress.

Everyone experiences stress, and sometimes that stress can feel overwhelming. You may be at risk for an anxiety disorder if it feels like you can't manage the stress and if the symptoms of your stress:

- Interfere with your everyday life.
- Cause you to avoid doing things.
- Seem to be always present.

## Coping With Stress and Anxiety

Learning what causes or triggers your stress and what coping techniques work for you can help reduce your anxiety and improve your daily life. It may take trial and error to discover what works best for you. Here are some activities you can try when you start to feel overwhelmed:

- Keep a journal.
- Download an app that provides relaxation exercises (such as deep breathing or visualization) or tips for practicing mindfulness, which is a psychological process of actively paying attention to the present moment.
- Exercise, and make sure you are eating healthy, regular meals.
- Stick to a sleep routine, and make sure you are getting enough sleep.
- Avoid drinking excess caffeine such as soft drinks or coffee.
- Identify and challenge your negative and unhelpful thoughts.
- Reach out to your friends or family members who help you cope in a positive way.

Read more about [stress](#).

## Recognize When You Need More Help

If you are struggling to cope, or the symptoms of your stress or anxiety won't go away, it may be time to talk to a professional. Psychotherapy (also called "talk therapy") and medication are the two main treatments for anxiety, and many people benefit from a combination of the two.

### **Everyone feels stressed from time to time, but what is stress? How does it affect your overall health? And what can you do to manage your stress?**

Stress is how the brain and body respond to any demand. Any type of challenge—such as performance at work or school, a significant life change, or a traumatic event—can be stressful.

Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help.

Here are five things you should know about stress.

### 1. Stress affects everyone.

Everyone experiences stress from time to time. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time. Some people may cope with stress more effectively and recover from stressful events more quickly than others.

Examples of stress include:

- Routine stress related to the pressures of school, work, family, and other daily responsibilities.
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness.
- Traumatic stress experienced during an event such as a major accident, war, assault, or natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress may have very distressing temporary emotional and physical symptoms, but most recover naturally soon after. Read more about [Coping With Traumatic Events](#).

### 2. Not all stress is bad.

In a dangerous situation, stress signals the body to prepare to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, and your brain uses more oxygen and increases activity—all functions aimed at survival and in response to stress. In non-life-threatening situations, stress can motivate people, such as when they need to take a test or interview for a new job.

### 3. Long-term stress can harm your health.

Coping with the impact of chronic stress can be challenging. Because the source of long-term stress is more constant than acute stress, the body never receives a clear signal to return to normal functioning. With chronic stress, those same lifesaving reactions in the body can disturb the immune, digestive, cardiovascular, sleep, and reproductive systems. Some people may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability.

Over time, continued strain on your body from stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, including mental disorders such as [depression](#) or [anxiety](#).

### 4. There are ways to manage stress.

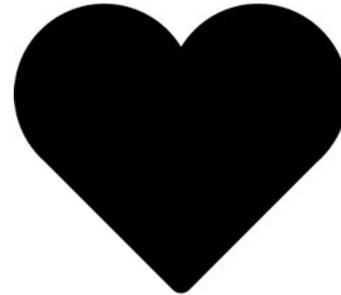
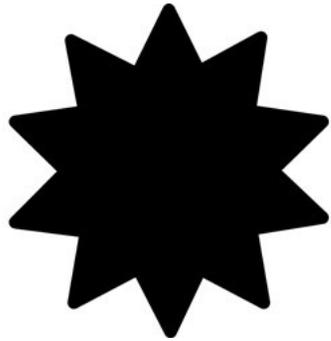
If you take practical steps to manage your stress, you may reduce the risk of negative health effects. Here are some tips that may help you to cope with stress:

- **Be observant.** Recognize the signs of your body's response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.
- **Talk to your health care provider or a health professional.** Don't wait for your health care provider to ask about your stress. Start the conversation and get proper health care for existing or new health problems. Effective treatments can help if your stress is affecting your relationships or ability to work. Don't know where to start? Read our [Tips for Talking With Your Health Care Provider](#).
- **Get regular exercise.** Just 30 minutes per day of walking can help boost your mood and improve your health.
- **Try a relaxing activity.** Explore relaxation or wellness programs, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy and relaxing activities.
- **Set goals and priorities.** Decide what must get done now and what can wait. Learn to say "no" to new tasks if you start to feel like you're taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.
- **Stay connected.** You are not alone. Keep in touch with people who can provide emotional support and practical help. To reduce stress, ask for help from friends, family, and community or religious organizations.
- **Consider a clinical trial.** Researchers at the National Institute of Mental Health (NIMH) and other research facilities across the country are studying the causes and effects of psychological stress as well as stress management techniques. You can learn more about studies that are recruiting by visiting [Join a Study](#) or [ClinicalTrials.gov](#) (keyword: stress).

### 5. If you're overwhelmed by stress, ask for help from a health professional.

You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol more frequently as a result of stress. Your doctor may be able to provide a recommendation. [Resources](#) are available to help you find a mental health provider.

# The Cognitive Model



**Situation → Thought → Emotion → Behavior**

something happens

the situation is  
interpreted

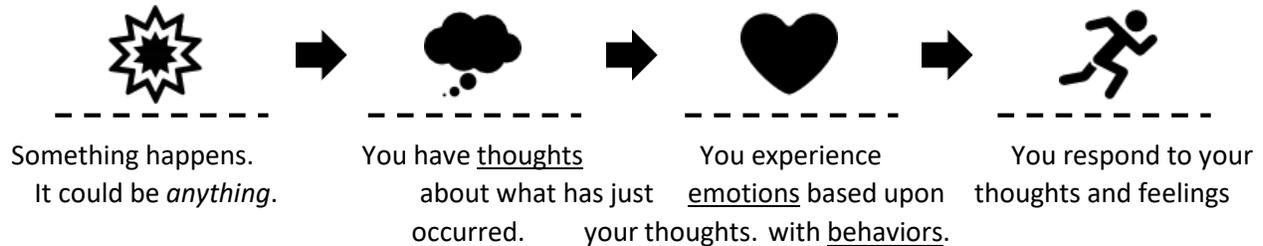
a feeling occurs as a  
result of the thought

an action in response to  
the emotion

# The Cognitive Model

Thoughts → Emotions → Behaviors

Cognitive behavioral therapy (usually referred to as “CBT”) is based upon the idea that **how you think determines how you feel and how you behave**. The diagram and example below show us this process:



## Example: Pharrell

**Situation:** A stranger scowls at Pharrell while passing him on the street. **Pharrell’s**

**Thoughts:** “I must’ve done something wrong... I’m so awkward.” **Pharrell’s Emotions:**

Embarrassed and upset with himself.

**Pharrell’s Behaviors:** Pharrell apologizes to the stranger and replays the situation over and over in his head, trying to understand what he did wrong.

In this example, you might’ve noticed that Pharrell’s thought wasn’t very rational. The stranger could’ve been scowling for any number of reasons. Maybe the stranger just got dumped, or maybe he scowls at everyone. Who knows?

As humans, we all have **irrational thoughts** like these. Unfortunately, irrational or not, these thoughts still affect how we feel, and how we behave. Consider how Pharrell might’ve responded to the same situation if he had a different thought:

Thought	➡	Emotion	➡	Behavior
“What a jerk!”		Angry		Pharrell shouts: “What’s your problem?!”
“He must be having a bad day...”		Neutral		Pharrell walks away and forgets the incident.

Using the cognitive model, you will learn to identify your own patterns of thoughts, emotions, and behaviors. You’ll come to understand how your thoughts shape how you feel, and how they impact your life in significant ways.

**Once you become aware of your own irrational thoughts, you will learn to change them.** The thoughts that once led to depression, anxiety, and anger will be replaced with new, healthy alternatives. Finally, *you* will be in control of how you feel.

# The Cognitive Model

## Practice Exercises

### ✓ Examples

See how two people can experience the same situation in different ways based upon their thoughts. Each example depicts a negative and rational thought, and a typical outcome of each thinking style.

**Situation:** Jason and Kurt both receive a negative evaluation at work.

#### Jason

**Negative Thought:** "I can't do anything right. Better bet I get fired because of this!"

**Emotion:** Depressed and nervous.

**Behavior:** Jason avoids his boss because he believes he's in trouble. He feels nervous the next time he's confronted with challenging work, and performs poorly.

#### Kurt

**Rational Thought:** "I guess I didn't work hard enough—I'll have to come up with a plan for next time."

**Emotion:** Disappointed but motivated.

**Behavior:** Kurt seeks out his boss to talk about how he can improve. He approaches his next task as a challenge and gradually improves.

**Situation:** Gwen and Shirley both have an argument with a close friend.

#### Gwen

**Negative Thought:** "We *always* argue! Why can't she ever see my side? This is so unfair."

**Emotion:** Angry and blaming.

**Behavior:** Gwen stays angry at her friend and does not reach out to repair the relationship.

#### Shirley

**Rational Thought:** "That was rough—I should apologize. We can both be stubborn sometimes."

**Emotion:** Forgiving and regretful.

**Behavior:** Shirley accepts a portion of responsibility and apologizes to her

# The Cognitive Model

## Practice Exercises

Over time, Gwen's friendship becomes more and more toxic.

They communicate and continue to work on their relationship.

### Practice

Write down an alternative *rational* thought for each situation. What do you think the resulting emotion and behavior might be?

**Situation:** Emily is cut off by another driver and has to quickly hit her brakes.

**Negative Thought:** "What a jerk! They don't care about *anyone* but themselves. I could've crashed!"

**Emotion:** Angry

**Behavior:** Emily drives aggressively to provoke the driver who cut her off. Emily is still angry when she gets home, and yells at her family.

**Rational Thought:**

**New Emotion and Behavior:**

**Situation:** Travis notices his wife hasn't helped around the house for a week.

**Negative Thought:** "Does she even care? She knows I'll clean up, so she abuses my kindness!"

**Emotion:** Angry and sad.

**Behavior:** Travis lets the dishes pile up and doesn't say anything to his wife. He doesn't ask why she hasn't helped, and becomes angrier when he assumes she's just selfish.

# The Cognitive Model

## Practice Exercises

### Rational Thought:

### New Emotion and Behavior:

**Situation:** Regina is invited to a birthday party by an acquaintance.

**Negative Thought:** "I won't know anyone at this party and I'll just seem out of place. She probably invited me because she felt obligated."

**Emotion:** Sad and anxious.

**Behavior:** Regina lies and tells her friend she already has plans for the night of her party. Regina and her friend fail to develop their friendship.

### Rational Thought:

### New Emotion and Behavior:

**Situation:** Thom notices a girl on the bus who keeps looking his direction.

**Negative Thought:** "Do I have something on my face? Is my fly down? Maybe I smell bad or something. I need to get home and take a shower."

**Emotion:** Self-conscious and anxious.

**Behavior:** Thom avoids the girl and rushes off the bus without looking up from his shoes.

# The Cognitive Model

## Practice Exercises

**Rational Thought:**

**New Emotion and Behavior:**

## Thought Log

Event	Thought	Consequence / Behavior	Rational Counterstatement
<i>Example:</i> Supervisor at work is angry.	"I must have made a mistake—now I've done it. They'll fire for me sure."	<ul style="list-style-type: none"> <li>• Feeling of sadness and anxiety</li> <li>• Spend time obsessing over mistakes</li> </ul>	"My supervisor could've been angry about anything. They are usually happy with my work, so even if I've made a mistake it isn't a big deal."

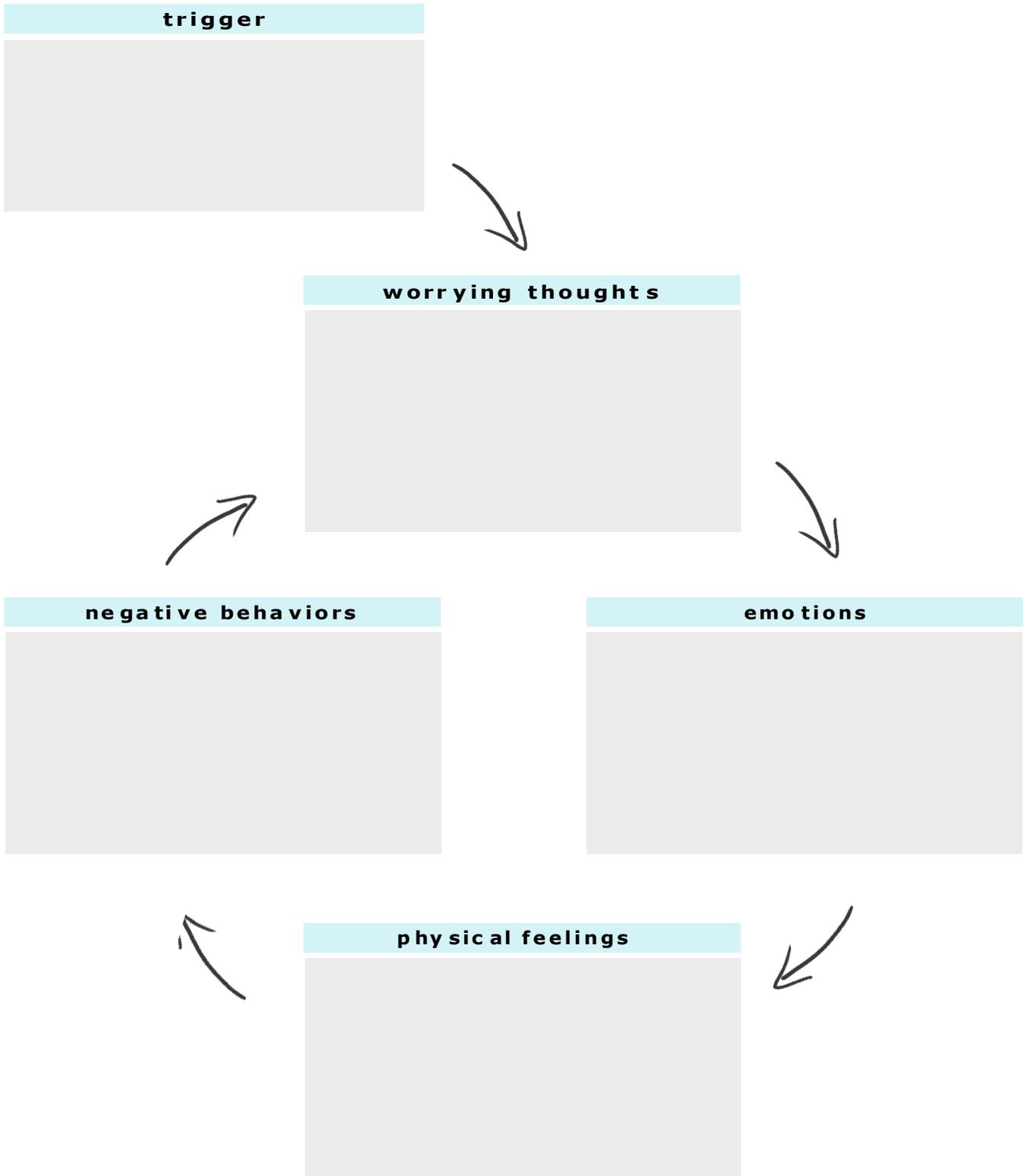
## Thought Log

Event	Thought	Consequence (emotion & behavior)	Alternate Response

# The Cycle of Worry



Our thoughts, emotions, physical feelings, and behaviors are all connected. When worry is present, it can turn into a vicious cycle that feeds itself. Reflect on your worry and its effects so that you can begin to break the cycle.



Visit Mentally Fit for More Mental Health Support & Resources:  
[JoinMentallyFit.com](https://www.joinmentallyfit.com)

The Cycle of Worry worksheet source: <https://start.joinmentallyfit.com/p/therapist-toolbox>

# Cognitive Distortions

Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.

**Magnification and Minimization:** Exaggerating or minimizing the importance of events. One might believe their own achievements are unimportant, or that their mistakes are excessively important.

**Catastrophizing:** Seeing only the worst possible outcomes of a situation.

**Overgeneralization:** Making broad interpretations from a single or few events. “I felt awkward during my job interview. I am *always* so awkward.”

**Magical Thinking:** The belief that acts will influence unrelated situations. “I am a good person—bad things shouldn’t happen to me.”

**Personalization:** The belief that one is responsible for events outside of their own control. “My mom is always upset. She would be fine if I did more to help her.”

**Jumping to Conclusions:** Interpreting the meaning of a situation with little or no evidence.

**Mind Reading:** Interpreting the thoughts and beliefs of others without adequate evidence. “She would not go on a date with me. She probably thinks I’m ugly.”

**Fortune Telling:** The expectation that a situation will turn out badly without adequate evidence.

**Emotional Reasoning:** The assumption that emotions reflect the way things really are. “I feel like a bad friend, therefore I must be a bad friend.”

**Disqualifying the Positive:** Recognizing only the negative aspects of a situation while ignoring the positive. One might receive many compliments on an evaluation, but focus on the single piece of negative feedback.

**“Should” Statements:** The belief that things should be a certain way. “I should always be friendly.”

**All-or-Nothing Thinking:** Thinking in absolutes such as “always”, “never”, or “every”. “I *never* do a good enough job on anything.”

# cognitive distortions

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*Below are 14 common cognitive distortions. Cognitive distortions are mistaken, exaggerated, or irrational thought patterns.*

**filtering** - only focusing on the negatives and not seeing the positives

**polarized thinking** - seeing things as black and white instead of shades of gray

**Over-generalization** - applying broad interpretations based on a single or few events

**jumping to conclusions** - believing in something without having the evidence to back it up

**catastrophizing** - fixating on worst-case scenarios even when they have very slim chances of happening

**personalization** - taking unnecessary blame for negative outcomes

**blaming** - pointing the finger at others when things go wrong

**fallacy of fairness** - being overly concerned that everything needs to be fair and equal

**emotional reasoning** - believing that because you feel something then it must be true

**fallacy of change** - expecting others to change in order to suit your wants and needs

**always being right** - refusing to accept the possibility of being wrong

**heaven's reward fallacy** - expecting that the sacrifices you make will result in a reward or praise

**all or nothing thinking** - thinking in absolutes such as "always," "never," or "every"

**shoulds** - feeling guilty over things you "should" be doing

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Cognitive Distortions worksheet source: <https://start.joinmentallyfit.com/p/therapist-toolbox>

# Daily Craving Record

## Ratings of Intensity of Cravings

**Instructions:** Each day, use the scale to rate the average intensity (□-□) of your cravings to use alcohol, tobacco, or other drugs.



<b>Month:</b> _____																
Day	□	□	□	□	□	□	□	□	□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<b>Month:</b> _____																
Day	□	□	□	□	□	□	□	□	□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<b>Month:</b> _____																
Day	□	□	□	□	□	□	□	□	□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
Rating	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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## Managing Thoughts of Using Worksheet

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**Instructions:** Review the list of common thoughts associated with relapse. Add some personal thoughts to the list. Then, list counterstatements and strategies you can use to change these thoughts in order to control them and prevent them from leading to substance use.

---

Thoughts	Counterstatements
<input type="checkbox"/> <i>I'll never use again. I've got my problem under control.</i>	
<input type="checkbox"/> <i>A few cigarettes (drinks, lines of cocaine, etc.) won't hurt.</i>	
<input type="checkbox"/> <i>I can't have fun or excitement if I don't use.</i>	
<input type="checkbox"/> <i>I need something to take the edge off and help me relax.</i>	
<input type="checkbox"/> <i>Life is difficult. I need to escape for awhile.</i>	

---

**Thoughts****Counterstatements**

---

□. *I can't fit in with others if they use and I don't.*

□. *What's the point in staying sober? It really doesn't matter.*

□. *I'm going to test myself to see if I can have just one.*

□. *How can I go out with John if I don't drink?*

□□. *I'll never get out of debt, I might as well get drunk.*

□□. *I could drink and no one would ever know.*

# Understanding depression



## What is depression?

Depression is not just feeling sad. It's something much more powerful, longer lasting, and visceral. It can affect a person's thoughts, behaviors, and body. There are many possible causes of depression that include external life events and internal brain chemistry or genetics.

Depression is nothing to be ashamed of though. It can be helpful to confide in people you trust such as family, friends, or a professional therapist.

## types of depression

Premenstrual Dysphoric Disorder	Seasonal Affective Disorder	Atypical Depression
Bipolar Disorder (Manic Depression)	Persistent Depressive Disorder	Postpartum Depression
Major Depressive Disorder	Situational Depression	Psychotic Depression

## symptoms of depression

### emotional

- Adrift
- Feeling Stuck
- Apathetic
- Ashamed
- Alone / Unloved
- Uninterested
- Frustrated
- Hopeless
- Irritable
- Self-Hating

### physical

- Fatigued
- Numb
- Low Sex Drive
- Loss of Appetite
- Binge Eating
- Weak
- Headaches / Muscle Aches
- Difficulty Sleeping / Sleeping All Day
- Dizziness
- Digestive Issues

### how depression affects my life

### impact (1-low, 5-high)


Visit Mentally Fit for More Mental Health Support & Resources:

[JoinMentallyFit.com](https://www.joinmentallyfit.com)

Understanding Depression worksheet source: <https://start.joinmentallyfit.com/p/therapist-toolbox>

# rUminating thoUghts



thoUght dUmp! Write doWn What yoU're rUminating aboUt.

Why do yoU think yoU're Unable to let these things go?

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**negative initial thoUghts**



**Positive counter-thoughts**



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# Change-Plan Worksheet

<b>Changes I want to make:</b>	
<b>How important is it to me to make these changes? (1-10 scale)</b>	
<b>How confident am I that I can make these changes? (1-10 scale)</b>	
<b>The most important reasons I want to make these changes are:</b>	
<b>The steps I plan to take in changing are:</b>	
<b>How other people can help me:</b>	
<b>Person</b>	<b>Kind of help</b>
<b>I will know my plan is working when:</b>	
<b>Some things that could interfere with my plan are:</b>	

## SMART Goals Worksheet

The SMART structure can help provide a sense of clarity, direction and motivate you to achieve your goals.

Specific: \_\_\_\_\_

\_\_\_\_\_

Measurable: \_\_\_\_\_

\_\_\_\_\_

Attainable: \_\_\_\_\_

\_\_\_\_\_

Realistic: \_\_\_\_\_

\_\_\_\_\_

Timely: \_\_\_\_\_

\_\_\_\_\_

My SMART Goal from last week was: \_\_\_\_\_

What went well, and what needs to be adjusted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My SMART Goal for this week will be: \_\_\_\_\_

For more worksheets and resources, visit <https://start.joinmentallyfit.com/p/therapist-toolbox>



## Engaging Stage Worksheet: Treatment Goal Setting

Based on your values, work with your therapist to identify at least three long-term treatment goals. Next to each one, identify how your current physical activity regimen impacts this goal, or makes the goal feel harder to achieve. You will put it all together: based on your values, you will create treatment goals, and break them down into small, concrete steps.

Goals for Treatment	Does Physical Activity impact this? How?
1.	
2.	
3.	



Now that you have identified some goals, you are going to think of the steps you need to take to accomplish your goal or your desired change. We want you to create a concrete and clear plan to do this! It might be hard to see yourself actually doing some of these things. This is a natural response and it is common to feel this way.

**Keep in mind:** The goal of this section is to help you come up with specific behaviors that can be completed in a brief time frame, such as "complete 100% of dinner over the weekend" or "go to optional snack tomorrow" as opposed to "challenge myself with meals".

***My 1st Goal:***

***Making it More Concrete.*** Take a moment to make this goal more concrete. What would it look like once you have achieved this goal? What things would you be doing, or not doing? What behaviors would you be engaging in or *not* engaging in? Again, be as concrete as possible here, try to list specific behaviors.

---

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***Taking the Necessary Steps.*** Next, think about some small manageable steps that you can take towards reaching the specific treatment goals you've listed above. These steps should take anywhere from a few days or a week to achieve. What steps will you need to take? .

Step 1: \_\_\_\_\_

Step 2: \_\_\_\_\_

Step 3: \_\_\_\_\_

Step 4: \_\_\_\_\_

***My 2nd Goal:***

***Making it More Concrete.*** Take a moment to make this goal more concrete. What would it look like once you have achieved this goal? What things would you be doing, or not doing? What



behaviors would you be engaging in or *not* engaging in? Again, be as concrete as possible here, try to list specific behaviors.

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***Taking the Necessary Steps.*** Next, think about some small manageable steps that you can take towards reaching the specific treatment goals you've listed above. These steps should take anywhere from a few days or a week to achieve. What steps will you need to take?

Step 1: \_\_\_\_\_

Step 2: \_\_\_\_\_

Step 3: \_\_\_\_\_

Step 4: \_\_\_\_\_



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## Lifestyle Balance Worksheet

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**Instructions:** Answer the following questions to help you determine how balanced your life is currently. Then review your answers. Identify two out-of-balance areas that you want to change. Write a plan for change in each area.

### 1. Physical:

- Are you in good health?  Yes  No
- Do you exercise regularly?  Yes  No
- Do you follow a reasonable diet?  Yes  No
- Do you take good care of your appearance?  Yes  No
- Do you get sufficient rest and sleep?  Yes  No
- Do you get regular medical and dental checkups?  Yes  No
- Do you have strategies to handle cravings to use substances?  Yes  No

### 2. Mental/emotional:

- Are you experiencing excessive stress?  Yes  No
- Do you worry too much?  Yes  No
- Do you have strategies to reduce mental stress?  Yes  No
- Are you able to express your feelings to others?  Yes  No
- Do you suffer from serious depression or anxiety?  Yes  No

### 3. Intellectual:

- Are you able to satisfy your intellectual needs?  Yes  No
- Do you have enough interests to satisfy your intellectual curiosity?  Yes  No

### 4. Creative/artistic:

- Do you regularly participate in creative or artistic endeavors?  Yes  No
- Do you have talents or abilities that you think are not being used as much as you would like?  Yes  No

### 5. Family:

- Are you generally satisfied with your family relationships?  Yes  No
- Do you spend enough time with your family (especially your children, if you have any)?  Yes  No
- Do you rely on your family for help and support?  Yes  No

### 6. Personal relationships:

- Are you generally satisfied with the quantity and quality of your personal relationships?  Yes  No
- Do you have friends you can depend on for help and support?  Yes  No
- Are you able to express your ideas, needs, and feelings to others?  Yes  No
- Are there any specific relationships in which you have serious problems?  Yes  No

### 7. Spiritual:

- Is there enough love in your life?  Yes  No
- Do you pay enough attention to your "inner" spiritual life?  Yes  No
- Do you feel a sense of inner peace?  Yes  No

---

---

**8. Work or school**

Are you usually satisfied with your work or school situation?

Yes  No

Do you spend too much time or effort working?

Yes  No

Do you spend too little time or effort working?

Yes  No

**9. Financial:**

Do you have sufficient income to meet your expenses?

Yes  No Are you

having any serious financial problems (e.g., too much debt, no savings, etc.)? \_\_\_\_\_

Yes  No Do you

handle your money responsibilities with an eye to the future?

Yes  No Does

money play too big a role in your life?

Yes  No

**Out-of-balance area:**

---

**My change plan:**

**Out-of-balance area:**

---

**My change plan:**

The tool:



## Hierarchy of Values Worksheet

Complete this worksheet to determine what is **MOST** important to YOU.

Effectively used for which of the 4 points?

	Building Motivation	Coping with Urges	Problem Solving	Lifestyle Balance
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A. Take a few minutes or so and write down a list of things that are important to you:

B. From the list above, look through and choose those that you consider to be your “Top Five”... the five things you consider to be the **MOST IMPORTANT** to you (in no particular order):

- 1.
- 2.
- 3.
- 4.
- 5.

*(Special thanks to SMART Recovery’s founding President Joe Gerstein, MD)*



Make a donation to SMART Recovery at: [www.smartrecovery.org/donate](http://www.smartrecovery.org/donate)

## HIERARCHY OF VALUES

From the work of Joe Gerstein, MD

(As written by Lorie Hammerstrom and Jim Braastad)

Joe Gerstein, a very generous man who was a major player in the founding of SMART Recovery<sup>®</sup>, served as its first President and a long-time member of the Board of Directors has a great little tool that he has used with people in the SMART Recovery<sup>®</sup> meetings he's facilitated. It's called the "*Hierarchy of Values*, and goes something like this:

Take a few minutes or so and make a list of the things that are important to you. Once that is completed, pick out the five things that you would place at the very top of the list—the five things that are **MOST** important to you. There is no "right" or "wrong" answers, as these are the things that are most important to **YOU!**

*(NOTE: If you haven't already done so, please take the time to create your own "Top Five" list before you read on. This exercise will have more meaning and a greater impact if you take the time to determine and write out your "Top Five" before continuing.)*

For the purposes of discussion, here's a sample list (in no order of importance):

1. Family
2. Friends
3. Happiness
4. Health
5. Independence; self-sufficiency; well-being

What's missing? Is it missing from your list as well? What Joe has noticed is how rarely people put alcohol (or whatever other substance or maladaptive behavior) in the list of the things that they deem "most important" to them. Yet often their actions would suggest otherwise... that it was the most important thing in their lives!

When we sit down and really think about what we value most in our lives, it's (most likely) safe to say that our DOC (drug of choice) isn't one of them. Yet every time that we use, we are placing those things in jeopardy; we are gambling with the things that we treasure and hold dear, putting them at risk with the potential of losing them.

So effectively, when we choose (and yes, it **IS** a choice) to drink or drug (or whatever other maladaptive behavior), we are choosing that over the things we value most! Even if that choice is made mindlessly or without thought, it doesn't change anything—our DOC is being chosen over what we deem to be most important!





## Interpersonal Style Worksheet

**Instructions:** Following is a list of statements about interpersonal style. Select the number that corresponds to the extent to which each statement describes you. Then complete the two items below the list of statements.

	Doesn't describe me			Somewhat describes me			Definitely describes me
<input type="checkbox"/> I say what I think or feel to others and don't hold anything back.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I worry about hurting others and hold on to my feelings.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I lash out at others when I'm upset or mad at them.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I regularly share positive feelings with others.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I often criticize others a lot and express negative feelings.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have trouble talking to strangers.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I consider myself to be shy and have trouble opening up to others.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I relate easily to others and like meeting new people.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I let other people close to me know what's important to me.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I don't like to argue with others and avoid arguments when I can.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I let people take advantage of me too easily.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I consider myself to be an aggressive person.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I consider myself to be an assertive person.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I consider myself to be a pushover and a passive person.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I avoid situations where I have to talk in front of other people.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I use alcohol, tobacco, or other drugs to help me socialize with others.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Identify one aspect of your interpersonal style that you want to change.

List several steps you can take to help you change this behavior.



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## Recovery Network Worksheet

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**Instructions:** Identify people and organizations that you believe can be a vital part of your recovery network. Then, list the potential benefits of having these individuals and organizations as part of your recovery.

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People/organizations	Potential benefits
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# Core Beliefs

Everyone looks at the world differently. Two people can have the same experience, yet have very different interpretations of what happened. **Core beliefs** are the deeply held beliefs that influence how we interpret our experiences.

Think of core beliefs like a pair of sunglasses. Everyone has a different “shade” that causes them to see things differently.



Many people have negative core beliefs that cause harmful consequences. To begin challenging your negative core beliefs, you first need to identify what they are. Here are some common examples:

I'm unlovable	I'm stupid	I'm boring
I'm not good enough	I'm ugly	I'm worthless
I'm a bad person	I'm abnormal	I'm undeserving

What is one of your negative core beliefs? \_\_\_\_\_

List three pieces of evidence contrary to your negative core belief.

1.

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2.

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3.

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# Thought Log

Event	Thought	Consequence / Behavior	Rational Counterstatement
<i>Example:</i> Supervisor at work is angry.	“I must have made a mistake—now I’ve done it. They’ll fire for me sure.”	<ul style="list-style-type: none"><li>• Feeling of sadness and anxiety</li><li>• Spend time obsessing over mistakes</li></ul>	“My supervisor could’ve been angry about anything. They are usually happy with my work, so even if I’ve made a mistake it isn’t a big deal.”

# Decatastrophizing



Negative thought / fear

**what is the worst-case scenario?**

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**how likely is this worst-case scenario?**

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**ways you could cope with the worst-case scenario:**

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## Emotions Worksheet

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**Instructions:** For each emotion below, rate the degree of difficulty you have dealing with these feelings without using alcohol or drugs. Then, choose the two emotions that present the most difficulty in your recovery and identify strategies for coping with them.

0 ————— □ ————— □ ————— □ ————— □ ————— □  
None                      Low                      Moderate                      Severe

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Emotion	Degree of difficulty coping with emotion (0–5)
<input type="checkbox"/> Anxiety and worry	<u>0</u>
<input type="checkbox"/> Anger	<u>0</u>
<input type="checkbox"/> Boredom	<u>0</u>
<input type="checkbox"/> Depression	<u>0</u>
<input type="checkbox"/> Feeling empty—like nothing matters	<u>0</u>
<input type="checkbox"/> Guilt	<u>0</u>
<input type="checkbox"/> Shame	<u>0</u>
<input type="checkbox"/> Loneliness	<u>0</u>

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Feeling or emotion	Coping strategies
_____	
_____	

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# Rumination vs Reflection



*Developing healthy thinking styles is the key to good mental health. Ruminating is the tendency to repetitively dwell on shortcomings, mishaps, and what-if's. On the other hand, reflecting is fueled by curiosity and results in growth and insights.*

## old vs new thought

Is this the first time you've thought about this? Can you apply new reasoning and insights to the situation? (Reflecting) Or are you replaying the same story over and over again? (Ruminating)

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## power & control

Who is in control in your thoughts? Are you analyzing in order to take some action and make an improvement? (Reflecting) Or is the situation out of your hands? (Ruminating)

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## closure

Are you eager to gain closure? Is it possible to gain closure? (Reflecting) Or are there simply too many variables - ie fate, circumstances, someone else's decision? (Ruminating)

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# self-compassion evaluation



**What do you often criticize yourself for?**

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**describe your internal voice. does it remind you of anyone?**

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**When you criticize yourself, how does it make you feel?**

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**What do you think the consequences are of speaking to yourself like this?**

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# ABC Problem Solving Worksheet



**Activating event** - What is the Activating event?—What happened? What did I do? What did others do? What idea occurred to me? What emotions was I feeling?



**Consequence** - Am I feeling anger, depression, anxiety, frustrated, self-pity, etc.? Am I behaving in a way that doesn't work for me? (drinking, attacking, moping, etc.)



**Beliefs** - Beliefs (dysfunctional)—What do I believe about the Activating event? Which of my beliefs are my helpful/self-enhancing beliefs and which are my dysfunctional/self-defeating beliefs?



**Dispute** - Dispute the Beliefs to find which are dysfunctional—What is the evidence that my belief is true? In what ways is my belief helpful or unhelpful? What helpful/self-enhancing belief can I use to replace each self-defeating or dysfunctional belief?



**Effective New Belief and Emotional Consequence** - What helpful/self-enhancing *new* belief can I use to replace each self-defeating or dysfunctional belief? What are my new feelings?



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## Relapse Warning Signs Worksheet

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**Instructions:** In the left column, list the attitudes, thoughts, and behaviors that are warning signs of potential relapse. In the right column, write strategies for coping with each of these situations.

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**Relapse warning signs**

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**Coping strategies**

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# Trigger sources



what is The negative response you'd like To overcome?

Think about the categories below and jot down examples that bring about the above behavior.

category	examples
emotional states	
people	
places	
Things	
situations	
other	

Visit Mentally Fit for More Mental Health Support & Resources:

[JoinMentallyFit.com](https://www.joinmentallyfit.com)

Trigger sources worksheet source: <https://start.joinmentallyfit.com/p/therapist-toolbox>



