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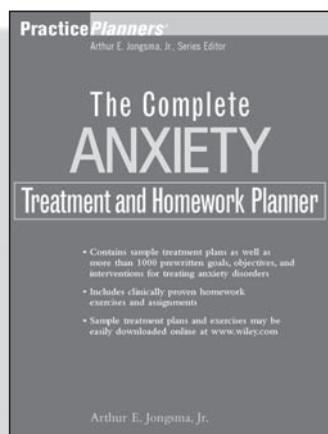
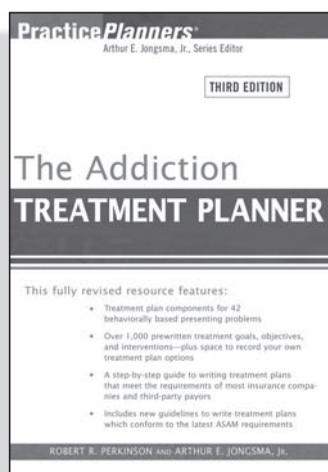
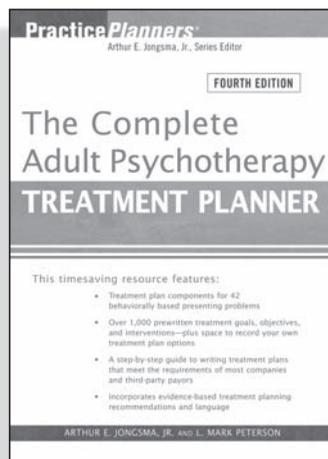
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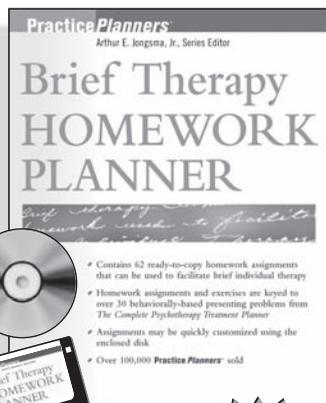
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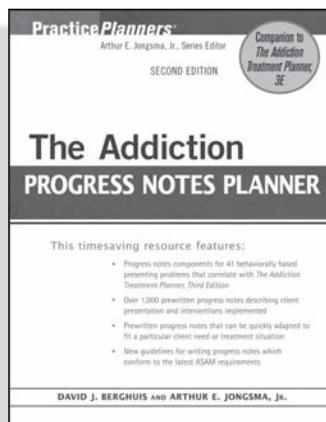




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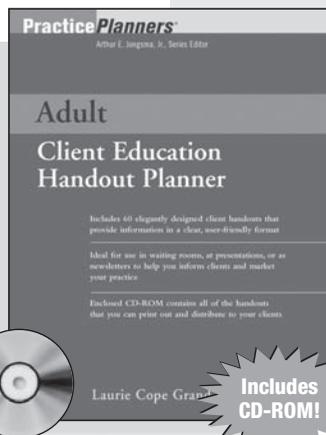
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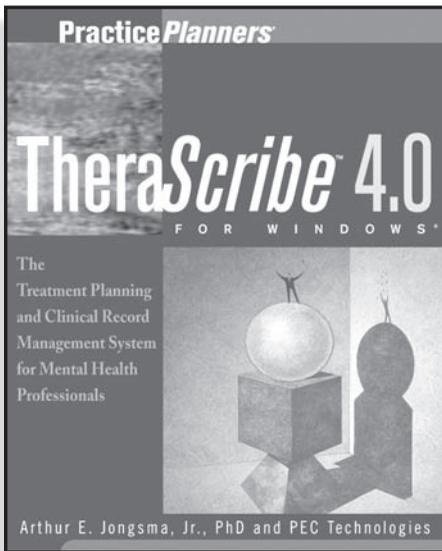
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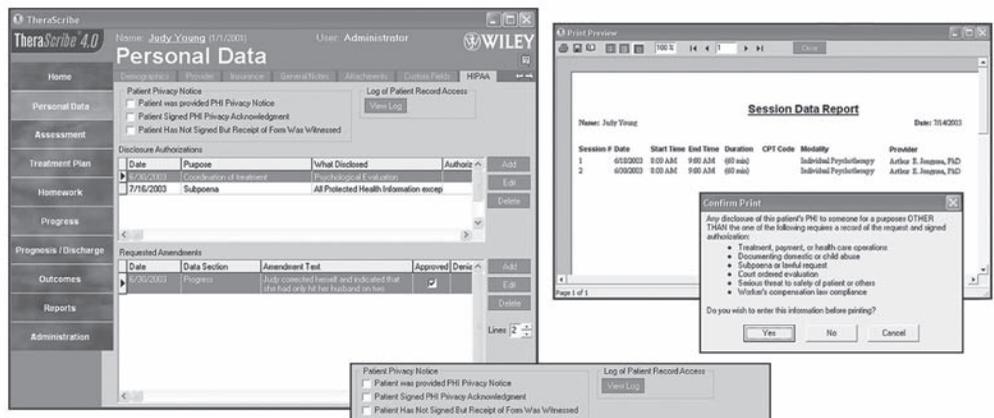
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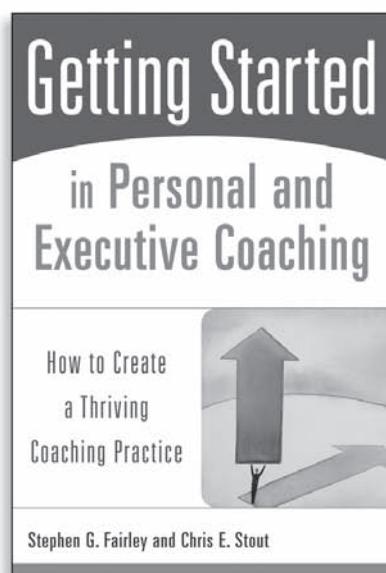
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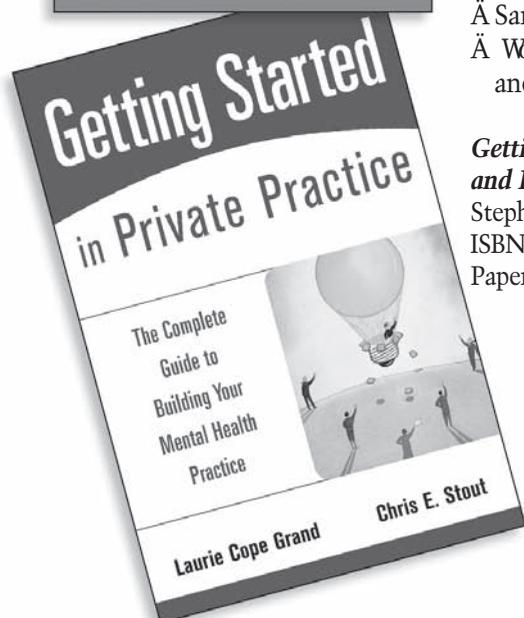
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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

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ISBN-13: 978-0-471-76343-7 (pbk.)

ISBN-10: 0-471-76343-8 (pbk.)

Printed in the United States of America.

10 9 8 7 6 5 4 3 2 1

*To Dave and Lorrie Vander Ark,
whose friendship has enriched our lives and
whose support is more reliable than a fine timepiece.*

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PRACTICEPLANNERS® SERIES PREFACE

The practice of psychotherapy has a dimension that did not exist 30, 20, or even 15 years ago—accountability. Treatment programs, public agencies, clinics, and even group and solo practitioners must now justify the treatment of patients to outside review entities that control the payment of fees. This development has resulted in an explosion of paperwork. Clinicians must now document what has been done in treatment, what is planned for the future, and what the anticipated outcomes of the interventions are. The books and software in this PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The PracticePlanners® series has grown rapidly. It now includes not only the original *Complete Adult Psychotherapy Treatment Planner*, Third Edition, *The Child Psychotherapy Treatment Planner*, Third Edition, and *The Adolescent Psychotherapy Treatment Planner*, Third Edition, but also Treatment Planners targeted to specialty areas of practice, including addictions, co-occurring disorders, juvenile justice/residential care, couples therapy, employee assistance, behavioral medicine, therapy with older adults, pastoral counseling, family therapy, group therapy, psychopharmacology, neuropsychology, therapy with gays and lesbians, special education, school counseling, probation and parole, therapy with sexual abuse victims and offenders, and more.

Several of the Treatment Planner books now have companion Progress Notes Planners (e.g., Adult, Adolescent, Child, Addictions, Severe and Persistent Mental Illness, Couples). These planners provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each Progress Notes Planner statement is directly integrated with *Behavioral Definitions* and *Therapeutic Interventions* items from the companion Treatment Planner.

The list of therapeutic Homework Planners is also growing from the original Homework Planner for Adults, to Adolescent, Child, Couples, Group, Family, Addictions, Divorce, Grief, Employee Assistance, and School Counseling/School Social Work Homework Planners. Each of these books can be used alone or in conjunction with their companion Treatment Planner. Homework assignments are designed around each presenting problem (e.g., Anxiety, Depression, Chemical Dependence, Anger Management, Panic, Eating Disorders) that is the focus of a chapter in its corresponding Treatment Planner.

Client Education Handout Planners, a new branch in the series, provide brochures and handouts to help educate and inform adult, child, adolescent, couples, and family clients on a myriad of presenting problems mental health issues, as well as life skills techniques. The list of presenting problems for which information is provided mirrors the list of presenting problems in the Treatment Planner of the title similar to that of the

Handout Planner. Thus, the problems for which educational material is provided in the *Child and Adolescent Client Education Handout Planner* reflect the presenting problems listed in *The Child* and *The Adolescent Psychotherapy Treatment Planner* books. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues.

In addition, the series also includes TheraScribe®, the latest version of the popular treatment planning, clinical record-keeping software. TheraScribe® allows the user to import the data from any of the Treatment Planner, Progress Notes Planner, or Homework Planner books into the software's expandable database. Then the point-and-click method can create a detailed, neatly organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

Adjunctive books, such as *The Psychotherapy Documentation Primer*, and *Clinical, Forensic, Child, Couples and Family, Continuum of Care*, and *Chemical Dependence Documentation Sourcebook* contain forms and resources to aid the mental health practice management. The goal of the series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability—or, to put it simply, we seek to help you spend more time on patients, and less time on paperwork.

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ACKNOWLEDGMENTS

Although only my name appears as the author of this book, the product is the result of the combined efforts of many people. I first would like to acknowledge the contribution of my coauthors on several other books, William McInnis and Mark Peterson. They both gave permission for me to borrow and adapt some of the homework exercises we had collaborated on in writing the *Brief Adolescent Therapy Homework Planner* and the *Adolescent Psychotherapy Homework Planner II*. Several of the assignments in this book have been adapted to the adult focus group from their original creation for the adolescent client. Thank you, Bill and Mark.

I would also like to thank Jim Finley and Brenda Lenz for giving their permission to me to adapt three of their assignments from their *Addiction Treatment Homework Planner* for placement in the Chemical Dependence—Relapse section of this book.

I am grateful to Sue Rhoda, who was so efficient at transcribing this manuscript in a very timely and professional manner.

My support staff at John Wiley & Sons, David Bernstein, Peggy Alexander, Ester Mal-lach, Judi Knott, Kevin Holm, and Lynne Marsala, continues to move the *PracticePlanners*[®] project forward with enthusiasm and professional dedication. Thank you all.

Finally, my personal support system is grounded in my wife, Judy, who makes me feel important even when I am not, and my children and grandchildren, who consistently show interest in my work. Thank you, family.

—A.E.J.

INTRODUCTION

More and more therapists are assigning homework to their clients. Not only have short-term therapy models endorsed this practice, but the benefits are being recognized by many traditional therapists as well.

WHY HOMEWORK?

Assigning homework to psychotherapy clients is beneficial for several reasons. With the advent of managed care, which often requires shorter and fewer treatment sessions, therapists assign between-session homework to help maximize the effectiveness of briefer treatment. Homework is an extension of the treatment process, provides continuity, and allows the client to work between sessions on issues that are the focus of therapy. Homework is also a tool for more fully engaging the client in the treatment process. Assignments place more responsibility on the client to resolve his or her presenting problems, counteracting the expectations that some clients may experience—that it is the therapist alone who can cure him or her. For some, it even may bring a sense of self-empowerment.

Another added benefit of homework is that these assignments give the client the opportunity to implement and evaluate insights or coping behaviors that have been discussed in therapy sessions. Practice often heightens awareness of various issues. Furthermore, homework increases the expectation for the client to follow through with *making* changes rather than just *talking* about change. Exercises require participation, which creates a sense that the client is taking active steps toward change. Homework allows the client to try new behaviors, bringing these experiences back to the next session for processing. Modifications can then be made to the client's thoughts, feelings, or behaviors as the homework is processed in the therapy session.

Occasionally treatment processes can become vague and abstract. By adding focus and structure, homework assignments can reenergize treatment. Moreover, homework can increase the client's motivation to change as it provides something specific to work on. Additionally, homework increases the involvement of family members and significant others in the client's treatment by using assignments that call for their participation. It promotes more efficient treatment by encouraging the client to actively develop insights, positive self-talk, and coping behaviors between therapy sessions. Consequently, many clients express increased satisfaction with the treatment process when homework is given. They are empowered by doing something active that facilitates the change process, and it reinforces their sense of control over the problem. All of these advantages have made the assignment of therapeutic homework increasingly prevalent.

HOW TO USE THIS HOMEWORK PLANNER

Creating homework assignments and developing the printed forms for recording responses is a time-consuming process. This *Adult Psychotherapy Homework Planner*, Second Edition, follows the lead of psychotherapeutic interventions suggested in *The Complete Adult Psychotherapy Treatment Planner* (Jongsma and Peterson, 2006) and provides a menu of homework assignments that can easily be photocopied. In addition to the printed format, the assignments in this *Planner* are provided on a CD-ROM to allow the therapist to access them on a word processor and print them out as is or easily customize them to suit the client's individual needs and/or the therapist's style.

The assignments are grouped under presenting problems that are typical of those found in an adult population. These presenting problems are cross-referenced to every presenting problem found in *The Complete Adult Psychotherapy Treatment Planner*. Although these assignments were created with a specific presenting problem in mind, don't feel locked in by a single problem-oriented chapter when searching for an appropriate assignment. Included with each exercise is a cross-referenced list of suggested presenting problems for which the assignment may be appropriate and useful called *Additional Problems for Which This Exercise May Be Most Useful*. This cross-referenced list can assist you in applying the assignments to other situations that may be relevant to your client's particular presenting problem.

A broader cross-referenced list of assignments is found in the appendix *Alternate Assignments for Presenting Problems*. Review this appendix to find relevant assignments beyond the one, two, three, or four exercises found in any specific presenting problem chapter. For example, under the heading of Depression in the appendix you will find 18 alternative assignments originally created for other presenting problems but relevant and easily adapted for use with a client struggling with depression issues. In this appendix, with every presenting problem are listed relevant additional assignments from throughout the book. Remember, each assignment is available on the CD-ROM at the back of the book and, therefore, can be quickly edited for use with a specific client. This modified assignment can be saved on your computer's hard disk for repeated later use.

ABOUT THE ASSIGNMENTS

Therapists may introduce the homework assignment with varying degrees of detail and client preparation. Recommendations regarding this preparation and post-exercise discussion are made on the title page of each assignment under the heading "Suggestions for Processing This Exercise with the Client."

Clinical judgment must be used to choose the homework assignments that focus on relevant issues for the client. The title page of each assignment contains a section on "Goals of the Exercise" to guide you in your selection of relevant homework for your client.

CARRYING OUT THE ASSIGNMENT

It is recommended that you review the entire book to familiarize yourself with the broad nature of the type and focus of the various homework exercises. Select a specific assignment from a chapter titled with your client's presenting problem or from the alternative list in the appendix and then review the list of homework goals. Assigning therapy homework is just a beginning step in the therapy treatment process. Carrying out the assignment requires a follow-up exploration of the impact of the assignment on the client's thoughts, feelings, and behavior. What are the results? Was this assignment useful to the client? Can it be redesigned or altered for better results? Examine and search for new and creative ways to actively engage your client in participating in this homework process.

IMPORT HOMEWORK DATA INTO THERASCRIBE

Since the release of the newer versions of the software *TheraScribe*, The Treatment Planning and Clinical Record Management System for Mental Health Professionals, all assignments from Homework Planner books in the *PracticePlanner*® series can be imported into this point-and-click clinical tool. An electronic version of the Homework Planner book must be purchased separately (the CD-ROM in the back of every Homework Planner book can only be imported into a word processing program, not into *TheraScribe*). Once the Homework Planner data is installed into *TheraScribe*, the assignment may be added to a client's treatment plan as an intervention. It can also be launched, viewed, edited, and printed out for distribution to the client and/or family members.

ALTERNATIVES TO DESTRUCTIVE ANGER

GOALS OF THE EXERCISE

1. Identify and clarify alternatives to destructive expressions of anger.
2. Increase awareness of how anger is expressed destructively.
3. Apply constructive alternatives to destructive anger expression.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Antisocial Behavior
- Attention Deficit Disorder (ADD)—Adult
- Borderline Personality
- Family Conflict
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients often feel they responded to a frustrating situation in the only way possible. They fail to realize that they have choices and control over their behavior. You may want to review the alternatives to rage listed in the first section of the assignment to help the client understand the alternatives he/she could apply when dealing with frustration or anger. Review the client's journal material and suggest additional constructive ways to respond to frustrating or hurtful situations that prompt his/her mismanaged anger.

ALTERNATIVES TO DESTRUCTIVE ANGER

Destructive anger can take many forms. Anger can be expressed in rage that is out of control, either verbally or physically. We also can express anger by snapping at someone or being unkindly critical. A third form that anger may take is that of cold, icy withdrawal that punishes the other person by shutting them out, shunning them, or refusing to acknowledge their attempts to relate to us. All of these reactions and many more can be destructive to the relationship and to our own feelings of self-esteem. Destructive expressions of anger often generate later feelings of guilt and shame.

This exercise is designed to briefly identify some *constructive* alternatives to destructive anger by giving a brief description of the positive alternative. The goal is for you to consider these alternatives as you seek to replace destructive anger with more constructive behaviors. You will be asked to keep a journal of situations in your daily life that provoked anger and then note how one or more of these constructive alternatives may have been applied to the situations.

Constructive Alternatives

- A. *Assertiveness*: Speaking forthrightly in a manner that is very respectful of the other person's needs and rights and does not attack anyone so as to make them defensive.
- B. *Tune Out / Cool Down*: Recognize that the situation has become volatile and nonproductive and suggest withdrawal from the situation to give each party a chance to cool down and collect his/her thoughts and regain personal control.
- C. *Relaxation*: Learn and implement relaxation skills to reduce stress and tension through the use of words that cue relaxation, deep breathing that releases tension, imagining relaxing scenes, or deep muscle relaxation procedures.
- D. *Diversion*: When anger is felt to be building, find diversionary activities that stop the build up and focus the mind on more enjoyable experiences.
- E. *Physical Exercise*: When anger and tension levels rise, physical exercise can be a wonderful way to release tension and expel energy as an alternative to losing control or exploding in rage.
- F. *Problem-Solving Skills*: Identify or clarify the problem, brainstorm possible solutions, review the pros and cons of each alternative solution, select the best alterna-

tive for implementation, evaluate the outcome as to mutual satisfaction, and finally, adjust the solution if necessary to increase mutual satisfaction.

- G. *Self-Talk*: Take time to talk to yourself in calming, reasoned, and constructive sentences that move you toward anger control and away from hurtful expressions of anger.
- H. *"I" Messages*: Speak to the target of your anger, describing your feelings and needs rather than attacking, labeling, or describing the other person's behavior, motivations, or goals. Begin your sentences with "I feel . . ." or "I need. . ."
- I. *Other*: Describe your own or your counselor's alternative to rage.

Application to Daily Life

In the columns that follow, describe the date and time, the situation that prompted the angry response, the destructive response, and the alternative constructive response that might have been used. In the final row, instead of writing a full description of the alternative, you may simply enter the alphabetical indicator of the constructive alternative, A through I.

Entry 1 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 2 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 3 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 4 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 5 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 6 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

Entry 7 Day/Date and Time: <hr/> <hr/>	Situation	<hr/> <hr/> <hr/> <hr/>
	Response	<hr/> <hr/> <hr/> <hr/>
	Alternative Response	<hr/> <hr/> <hr/> <hr/>

ANGER JOURNAL

GOALS OF THE EXERCISE

1. Increase awareness of the prevalence of angry feelings.
2. Identify the circumstances around, targets for, and causes of the angry feelings.
3. Identify alternative constructive reactions in the place of maladaptive anger responses.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Antisocial Behavior
- Borderline Personality
- Family Conflict
- Posttraumatic Stress Disorder (PTSD)

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Some clients deny the degree of anger they feel and express. Other clients may be aware of feelings of anger, but need help in understanding the contributing factors and causes for their anger. As you process the journal entries with clients, help them clarify and pinpoint these contributing factors and the causes for their anger. Often the causes for the anger are not those that are initially identified, but lie beneath the surface and can be discovered with some patient processing. Finally, it is helpful to press the client toward describing positive alternative behaviors that could have replaced the maladaptive anger responses that were selected in the heat of the moment. Positive alternatives may include things like assertiveness, time-out, problem solving, "I" messages, or self-talk.

ANGER JOURNAL

To make you more aware of your angry feelings, the circumstances surrounding them, the target of them, the causes for them, and how they were shown, you are being asked to keep an anger journal. This journal will help you record the when, what, who, why, and how of the angry feelings as well as allow you to give some thought to what alternative emotional, behavioral, or cognitive reaction you might have had to the situation. Be as honest as you can be with yourself about your angry feelings, trying not to discount them, excuse them, or deny them. When you conclude that you have experienced anger, that is the time to make an entry into this journal. Your entries do not have to be lengthy; a sentence or two will suffice. You should enter enough information to permit you to discuss each incident with your therapist as you try to process and learn from your anger experiences. Do not forget to include experiences that have generated some anger within you even though you did not express it in words or behavior. The buildup of unexpressed anger can result in an inappropriate outburst at a later time. This journal may help you understand that phenomenon. It is also important for you to give some thought to the last entry; that is, what alternative positive reaction could you have given to the situation instead of burying or blurting out your feelings of anger. Often there is a more constructive response available that you are able to discover when you give the issue some calm consideration and analysis. The heat of the moment leads many of us to make mistakes. Try to make at least one entry per day into your anger journal.

The anger journal that follows asks you to enter the date and time of the experience that generated anger. Second, you are asked to enter a description of the situation, such as where you were and what was happening. Third, you are asked to name the people who were present, and specifically the people with whom you were angry. Next, you are asked to enter a sentence or two indicating your reason(s) for being so angry or the cause of your anger. Then you are asked to describe how your anger was or was not revealed. In the final column, enter your thoughts about how you could have responded to the experience more constructively.

Entry 1 Day/Date and Time: _____ _____	What (Situation)	_____ _____ _____
	Who (People)	_____ _____
	Why (Cause)	_____ _____ _____
	How (Reaction)	_____ _____ _____
	Alternative Positive Reaction	_____ _____ _____ _____

Entry 2 Day/Date and Time: _____ _____	What (Situation)	_____ _____ _____
	Who (People)	_____ _____
	Why (Cause)	_____ _____ _____
	How (Reaction)	_____ _____ _____
	Alternative Positive Reaction	_____ _____ _____ _____

Entry 3 Day/Date and Time: <hr/> <hr/>	What (Situation)	<hr/> <hr/> <hr/>
	Who (People)	<hr/> <hr/>
	Why (Cause)	<hr/> <hr/> <hr/> <hr/>
	How (Reaction)	<hr/> <hr/> <hr/>
	Alternative Positive Reaction	<hr/> <hr/> <hr/> <hr/>

Entry 4 Day/Date and Time: <hr/> <hr/>	What (Situation)	<hr/> <hr/> <hr/>
	Who (People)	<hr/> <hr/>
	Why (Cause)	<hr/> <hr/> <hr/> <hr/>
	How (Reaction)	<hr/> <hr/> <hr/>
	Alternative Positive Reaction	<hr/> <hr/> <hr/> <hr/>

Entry 5 Day/Date and Time: <hr/> <hr/>	What (Situation)	<hr/> <hr/> <hr/>
	Who (People)	<hr/> <hr/>
	Why (Cause)	<hr/> <hr/> <hr/>
	How (Reaction)	<hr/> <hr/> <hr/>
	Alternative Positive Reaction	<hr/> <hr/> <hr/>

Entry 6 Day/Date and Time: <hr/> <hr/>	What (Situation)	<hr/> <hr/> <hr/>
	Who (People)	<hr/> <hr/>
	Why (Cause)	<hr/> <hr/> <hr/>
	How (Reaction)	<hr/> <hr/> <hr/>
	Alternative Positive Reaction	<hr/> <hr/> <hr/>

Entry 7 Day/Date and Time: <hr/> <hr/>	What (Situation)	<hr/> <hr/> <hr/>
	Who (People)	<hr/> <hr/>
	Why (Cause)	<hr/> <hr/> <hr/> <hr/>
	How (Reaction)	<hr/> <hr/> <hr/>
	Alternative Positive Reaction	<hr/> <hr/> <hr/> <hr/>

HOW I HAVE HURT OTHERS

GOALS OF THE EXERCISE

1. Acknowledge hurtful behavior toward others.
2. Identify specific behaviors that have been engaged in to hurt others.
3. Identify the consequences of hurtful behavior.
4. Describe ways to make amends for hurtful behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Chemical Dependence
- Chemical Dependence—Relapse
- Legal Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Minimization and denial are traits that often accompany antisocial behavior patterns. This exercise is designed to increase sensitivity to antisocial behaviors that cause others pain. Confrontation may be necessary to bring the client to acknowledge behaviors that are not included in his/her checklist. Be alert to the antisocial personality trait of projection, that is, the client may try to place blame for his/her behavior on anyone but himself/herself. Role reversal may be necessary to help the client feel the pain of his/her behavior on others.

HOW I HAVE HURT OTHERS

We are capable of hurting others in many different ways. This assignment will help you become more aware of various behaviors that have a hurtful impact on others. Sometimes we are very aware that we are hurting someone with our behavior, while at other times, we do not even seem to notice it. Review the list of hurtful behaviors that follow and put a checkmark next to those that you have engaged in and that have resulted in pain for others.

Hurtful Behaviors

- | | |
|--|---|
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Sex abuse |
| <input type="checkbox"/> Disloyalty | <input type="checkbox"/> Unfaithfulness |
| <input type="checkbox"/> Physically assaultive | <input type="checkbox"/> Verbal attacks |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Unkindness | <input type="checkbox"/> Insensitivity |
| <input type="checkbox"/> Blaming | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Illegal acts | <input type="checkbox"/> Weapon use |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Name calling |
| <input type="checkbox"/> Job loss | <input type="checkbox"/> Unkept promises |

- Describe three situations where you have hurt others through engaging in one of the behaviors listed.

Situation A: _____

Situation B: _____

Situation C: _____

2. Describe how your behavior affected others. How were they hurt?

Situation A: _____

Situation B: _____

Situation C: _____

3. What might you do to make amends for your hurtful behavior toward others in these three situations?

Situation A: _____

Situation B: _____

Situation C: _____

LETTER OF APOLOGY

GOALS OF THE EXERCISE

1. Increase awareness of hurtful behavior toward others.
2. Increase sensitivity toward the impact of hurtful behavior on others.
3. Take steps toward making amends through a letter of apology for hurtful behavior toward others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Chemical Dependence
- Chemical Dependence—Relapse
- Family Conflict
- Intimate Relationship Conflicts
- Legal Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Hurtful behavior toward others is easily minimized or denied in terms of who is responsible for it or the impact it has on others. This assignment increases sensitivity toward the impact that hurtful behavior has had on others. Processing the exercise, it is important that the client include all elements of a constructive apology and avoid projection or minimization. Review each letter of apology to make sure it contains all the necessary elements. Evaluate whether the client demonstrates genuine feelings of regret, shame, or guilt. Clearly confront denial and emphasize the negative impact of insensitive behaviors.

LETTER OF APOLOGY

After we become aware of the pain we have caused someone else due to our own unkind behavior, we must try to find a way to heal the hurt and make amends. Many times just saying “I’m sorry” is not enough. It can be helpful if the apology is accompanied by a written note acknowledging causing the pain and suggesting how you could have done things differently. This assignment asks you to describe three incidents in which you have hurt others. It then asks you to construct a brief letter of apology for each of these incidents.

Three Hurtful Incidents

Describe for each of three incidents who was hurt, what you did to hurt them, how they felt about what you did, how you feel now about what you did, and how you could have acted more kindly.

Incident #1: _____

Incident #2: _____

Incident #3: _____

Apology

Write a letter of apology to each of the people who were hurt in each of the three incidents described. Include in your letter of apology a description of what you did to hurt them, your perception of how your actions must have affected them, how you feel today about your actions, and what you wished you would have done in the place of your hurtful behavior.

ANALYZE THE PROBABILITY OF A FEARED EVENT

GOALS OF THE EXERCISE

1. Develop an awareness of the irrational nature of the fear and anxiety.
2. Examine the probability of the negative expectation occurring and its consequences.
3. Identify distorted self-talk that mediates the anxiety response.
4. Recognize that the feared outcome will not terminate the ability to function.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Dependency
- Depression
- Low Self-Esteem
- Obsessive-Compulsive Disorder (OCD)
- Phobia
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Support the client as he/she takes the risk of looking boldly and fairly at the basis for his/her anxiety. Help the client to acknowledge the irrational basis for his/her anxiety and reinforce rational outcomes of feared situations that will not devastate his/her life. Pay special attention to the distorted cognitions that feed the fear and suggest realistic positive self-talk to counteract this strong mediation effect.

ANALYZE THE PROBABILITY OF A FEARED EVENT

Many of our fears grow in their intensity without us ever stopping to analyze their exact nature, their causes, their probabilities of occurrence, the amount of control we might have over the situation, and the very real outcomes that are possible if our fears were realized. This exercise will help you thoroughly review your fears. As you rationally analyze the nature and cause of your fear and its real outcome, the fear will dissipate and your ability to cope will increase. Take this step-by-step approach in looking at three of your greatest fears and then bring this analysis to your counselor for a thorough processing and reinforcement of coping skills.

1. My First Fear

A. What is the fear or anxiety about?

B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually happen? Circle one number.

1 2 3 4 5 6 7 8 9 10

C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

2. My Second Fear

A. What is the fear or anxiety about?

B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually happen? Circle one number.

1 2 3 4 5 6 7 8 9 10

C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

3. My Third Fear

A. What is the fear or anxiety about?

B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually happen? Circle one number.

1 2 3 4 5 6 7 8 9 10

C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

PAST SUCCESSFUL ANXIETY COPING

GOALS OF THE EXERCISE

1. Identify successful coping strategies used in the past.
2. View yourself as a capable, resourceful person who has been successful at overcoming fear.
3. Apply successful coping strategies from the past to current anxieties.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Impulse Control Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic
- Phase of Life Problems
- Phobia
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This solution-focused assignment attempts to get the client to recognize his/her resourcefulness in the past in dealing with anxiety. Helping the client clarify and refine the coping skill that he/she used is the most difficult part of the assignment. Clients are often not aware of what coping mechanism they relied on to deal with their fear. After the successful coping skills have been identified and refined, help the client to apply these successful skills from the past to his/her current anxieties. Monitor and modify the solution as required.

PAST SUCCESSFUL ANXIETY COPING

This assignment leads us to focus on resources and successes that we have demonstrated throughout our past. We tend to forget about our ability to cope when our anxieties and fears seem so real and debilitating. However, all of us have had fears that we have overcome or that we have functioned with in spite of their presence from childhood right into adulthood. We may have feared attending kindergarten, but learned ways to cope with that fear as a child and eventually the fear was eradicated. We may have feared talking to a teenager of the opposite sex, but eventually learned to speak to them in spite of our anxiety. We may have feared going on a job interview, but pressed forward and presented ourselves in the best manner possible. In other words, we learn to cope and to function and to overcome anxiety. We cannot allow our anxieties to cripple us or cause us to avoid circumstances. We must face our anxieties head-on. We may have coped by just “taking a deep breath” or by getting encouragement from our friends or by rehearsing what we were going to do or say so often that it became almost automatic. Whatever coping skill we used, we have been successful in the past and now we must rediscover those coping skills and apply them to the current anxieties.

1. Identify three fears or anxieties that you experienced in the past.

Fear #1: _____

Fear #2: _____

Fear #3: _____

2. Identify what you did to cope with, or continue to function in spite of, the anxiety.

Fear #1: _____

Fear #2: _____

Fear #3: _____

3. How do you know your coping mechanism identified in question 2 was successful?

Fear #1: _____

Fear #2: _____

Fear #3: _____

4. What other coping skills have you relied on in the past to help you overcome fears?

5. How can you use each of the coping skills identified in question 2 to help you with your current fears?

PROBLEM SOLVING: AN ALTERNATIVE TO IMPULSIVE ACTION

GOALS OF THE EXERCISE

1. Develop coping strategy to inhibit the tendency toward impulse responding.
2. Increase awareness of how impulsive behaviors lead to negative consequences for self and others.
3. Identify impulsivity problem and explore alternative courses of action before making final decision to act.
4. Learn to evaluate own behavior and how it affects self and others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Impulse Control Disorder
- Mania or Hypomania

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients with Attention Deficit Disorder (ADD) are characterized by their tendency to exercise poor judgment and act without considering the consequences of their actions. The ADD client frequently finds himself/herself in trouble without realizing what caused him/her to get there and fails to recognize the antecedents of his/her negative consequences. In this exercise, the client is taught a basic problem-solving strategy to help inhibit impulses. The client first identifies a problem with impulsivity and then works through the subsequent problem-solving stages. This exercise can be used with clients who do not have ADD, but do have problems with impulse control.

PROBLEM SOLVING: AN ALTERNATIVE TO IMPULSIVE ACTION

People with Attention Deficit Disorder (ADD) often find themselves in trouble without realizing what caused them to get there. It is not uncommon for the person with ADD to try to solve problems by quickly rushing into a situation without stopping and thinking about the possible consequences of his/her actions. The failure to stop and think causes negative consequences for both self and others. If this sounds all too familiar to you and you are tired of finding yourself in trouble because of your failure to stop and think, then this exercise is designed for you. In this exercise, you are taught to use basic problem-solving steps to deal with a stressful situation. By following these steps, you will hopefully find yourself in less trouble with others and feel better about yourself.

1. The first step in solving any problem is to realize that a problem exists. At this beginning stage, you are asked to identify either a major impulsivity problem that you are currently facing or a common reoccurring problem that troubles you and is caused by your impulsive actions.

Identify the problem.

2. After identifying the problem, consider three different alternative possible courses of action to help you solve or deal with the impulsivity problem. List the pros and cons of each possible course of action. Record at least three different pros and cons for each course of action.

First possible course of action to be taken.

Pros	Cons

Second possible course of action to be taken.

Pros	Cons

Third possible course of action to be taken.

Pros	Cons

3. Next, review the pros and cons of each one of your possible courses of action. At this point, talk with your partner, a family member, friend, or peer to help you choose a final plan of action.

4. Identify the course of action that you plan to follow.

5. What factors influenced you to choose this course of action?

6. What advice or input did you receive from others that influenced your decision?

Now, you are in the final stage of this exercise. You have identified the problem, considered different possible courses of action, made a decision, and followed through on your plan of action. Your final task is to evaluate the results or success of your plan of action. Please respond to the following questions.

7. What were the results of your plan of action?

8. How do you feel about the results?

9. How did your plan affect both you and others?

10. What did you learn from this experience?

11. What, if anything, would you do differently if you were faced with the same or a similar problem in the future?

SYMPTOMS AND FIXES FOR ADD

GOALS OF THE EXERCISE

1. Identify symptoms of ADD that have been experienced over the past 6 months.
2. Become familiar with the preliminary elements of some treatment techniques.
3. Understand that treatment involves more than just taking medication.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- None

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Adult ADD is a syndrome that is revealed in a myriad of different symptoms. Review the client's checklist of symptoms that he/she has experienced and allow them to discuss any of them in more detail. It is also important to focus the client's attention on the intervention strategies that are a part of successful treatment. Many clients have the notion that medication alone is the complete answer to their struggles. They may have questions that need to be answered about the coping skills that are briefly described in this homework assignment. Provide the client with as much detail as necessary for their understanding of these techniques. Reinforce those strategies that you believe will be beneficial to them and that will be the focus for future treatment sessions.

SYMPTOMS AND FIXES FOR ADD

Attention Deficit Disorder (ADD) is characterized by a variety of symptoms or signs. Although you may have become aware of having ADD as an adult, the symptoms of distractibility, short attention span, impulsivity, and restlessness most likely began in childhood. This assignment encourages you to review your life and indicate what symptoms are a part of your experience. We then take a brief look at a list of coping skills that commonly help ADD clients.

Symptom Checklist

1. Check all the symptoms that you have experienced within the last 6 months.

- | | |
|---|---|
| <input type="checkbox"/> Loss of concentration | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Rarely finish projects |
| <input type="checkbox"/> Restless and fidgety | <input type="checkbox"/> Easily irritated (short fuse) |
| <input type="checkbox"/> Impulsive actions | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Rapid mood swings | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Tendency for addictive behaviors | <input type="checkbox"/> Interrupt or intrude on others |
| <input type="checkbox"/> Inconsistent work and effort | <input type="checkbox"/> Fail to listen |
| <input type="checkbox"/> Poor sense of time | <input type="checkbox"/> Make careless mistakes |
| <input type="checkbox"/> Easily overwhelmed | <input type="checkbox"/> Poor time management |
| <input type="checkbox"/> Difficulty switching activities | <input type="checkbox"/> Enjoy high-risk behaviors |
| <input type="checkbox"/> Feel “driven by a motor” | <input type="checkbox"/> Chronic lateness |
| <input type="checkbox"/> Talk excessively | <input type="checkbox"/> Easily bored |
| <input type="checkbox"/> Frequently lose things | <input type="checkbox"/> Poor employment history |
| <input type="checkbox"/> Blurt out answers | <input type="checkbox"/> Feel anxious |
| <input type="checkbox"/> Impatient in awaiting turn | <input type="checkbox"/> Often depressed |
| <input type="checkbox"/> Forgetful in daily duties | <input type="checkbox"/> Poor eye contact |

2. List the three most problematic symptoms.

- A. _____
- B. _____
- C. _____

3. Why are these symptoms the most problematic? What are the consequences for you of each of these three symptoms?

A. _____

B. _____

C. _____

4. **Fixes**

Following is a list of coping techniques that are used to assist people who struggle with ADD. Review the list and place a checkmark next to those that you think might be most helpful for you to receive further guidance with as your treatment progresses.

___ *Medication*: One of the most common treatments for ADD is the prescription of stimulant medication by a physician. There are various types of these medications and they are prescribed in various dosages to fit individual needs.

___ *Problem-Solving Skills*: The client is taught how to approach problems in a systematic way and analyze the pros and cons of various solutions before making a decision for action. This approach is a replacement for the impulsivity that characterizes many ADD clients.

___ *Stop, Listen, Think, Act*: This technique is also designed to curb impulsivity. The client is taught to listen carefully to the requirements of a situation and then to think about what action should be taken in response to the situation before engaging in a behavior.

___ *Positive Self-Talk*: The client is taught to give himself/herself positive messages to counteract feelings of low self-esteem, inadequacy, depression, and anxiety.

___ *Time Out*: This procedure is commonly used to help clients reduce their irritability and impulsivity by training them to remove themselves from stimulus situations for a short time before reacting. This allows for consideration of consequences and engaging actions in a more planful manner.

___ *Relaxation*: Many clients with ADD are fidgety and restless, anxious, and on edge. Learning to implement relaxation techniques is a major help in reducing stress and reactivity.

___ *Self-Reward*: Self-reward procedures are implemented to assist ADD clients in completing tasks that are often left incomplete. This procedure is also helpful in motivating clients to be focused in their actions.

___ *Reminder Aids*: Forgetfulness and lack of organization are common traits of ADD clients. Learning to use checklists, notes written to self, organization calendars, and day planners are useful techniques.

___ *Physical Exercise*: To reduce the restless, fidgety energy that is common to ADD clients, physical exercise on a regular basis is often implemented. The exercise reduces stress and increases relaxation and the ability to focus attention.

JOURNAL AND REPLACE SELF-DEFEATING THOUGHTS

GOALS OF THE EXERCISE

1. Identify negative, distorted cognitions that mediate intense negative emotions.
2. Learn new ways to think that are more adaptive.
3. Replace negative thoughts with more positive, realistic interpretations of situations.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Depression
- Low Self-Esteem
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Borderline clients are the epitome of negative, pessimistic thinkers. This exercise helps them acknowledge this pattern and begin to replace these thought patterns with positive, realistic assessments of life. You may want to review the six types of self-defeating thought patterns that are described in the assignment as well as the alternatives to these before the client begins to journal his/her daily life experiences. In reviewing the journal material, you may have to assist the client in finding positive thoughts to replace his/her distorted pessimistic thinking.

JOURNAL AND REPLACE SELF-DEFEATING THOUGHTS

Feeling intense emotions is preceded by the cognitive processing of external situations. When you encounter a troubling situation, you first develop a series of thoughts about that situation as you analyze it. Your emotions evolve based on how you interpret the situation based on your evaluative thoughts. Stimulus situations lead to interpretative thoughts that lead to a variety of different emotions based on those thoughts. This assignment highlights six common self-defeating thoughts that almost always lead to feelings of frustration, sadness, anger, or other negative emotions. Each of these six self-defeating thought patterns can be reversed and you can engage in more realistic positive thinking to produce more calm, confident, and affirming feelings.

1. Definitions of Six Self-Defeating Thought Pattern.
 - A. *Black or White Thinking*: Viewing situations, people, or self as entirely bad or entirely good—nothing in between. Such thoughts almost always lead to harsh judgments and alienation from others. Example: “My supervisor is never fair and he has always hated me.”
 - B. *Hopelessness*: Consistently viewing situations as having no possible positive or even neutral resolution in the future. This leads to despair and refusal to search for solutions to problems. Example: “I’ll never make any new friends who accept me and enjoy me.”
 - C. *Helplessness*: Refusing to acknowledge that he/she has any ability to impact his/her world in a positive fashion, but consistently believes that bad things just happen to him/her. This results in discounting all positive traits, abilities, and successes and refusing to put forth effort to change his/her environment, becoming dependent on others to do it for him/her. Example: “There is nothing I can do to change the situation, so I might as well just give up and let what happens happen.”
 - D. *Worthlessness*: Viewing self as not worthy of other people’s time, interest, or acceptance. This leads to making self-critical remarks in anticipation of rejection from others. Example: “I don’t blame them for not liking me because I’m not worth it anyway.”
 - E. *Catastrophizing*: Blowing expected consequences out of proportion in a very negative direction. This results in withdrawal of effort to change things for the

better and reacting to a situation as if the negative consequence has already happened. Example: "I'll never be able to get another job. This layoff is the end of the line for me."

- F. *Negative Forecasting*: Predicting events will turn out badly without any basis in reality. This type of thinking results in pessimism, depression, and withdrawal of effort. Example: "I'll never get hired, so there's no sense in even going for the interview."
2. Each of the six self-defeating thought patterns listed can be reversed and replaced with a positive alternative.
- A. Alternative to *Black or White Thinking*: Recognizing that there are good and bad aspects to almost anything and everyone and refusing to reject someone quickly because of some small flaw or error. This leads to a greater degree of acceptance of other people and acceptance of self. Example: "My supervisor seems to be having a bad day today but I must admit he has been good to me at times."
- B. Alternative to *Hopelessness*: Viewing life more realistically and seeing the potential for possible resolution to negative circumstances given increased time and effort. This leads to a sense of empowerment and increased acceptance from others who view you as a "positive thinker." Example: "Everyone needs friends and appreciates kindness, so if I'm patient, friendly, and considerate, I will develop a social network."
- C. Alternative to *Helplessness*: Acknowledging personal resources and abilities that can have an impact on negative situations and seeing opportunities to make a difference rather than waiting on others to do it for him/her. This results in taking action and feeling in control of situations. Example: "I will change my approach to this situation and I'm sure that using a different tactic will produce a positive result."
- D. Alternative to *Worthlessness*: Seeing self as worthy of acceptance from others and recognizing his/her intrinsic value as a human being with strengths and weaknesses. This results in greater self-acceptance and the expectation of acceptance from others. Example: "I am a good and capable person who deserves respect from others whom I treat with respect."
- E. Alternative to *Catastrophizing*: Viewing consequences in a realistic light and keeping negative aspects in a context that includes positive aspects. This type of thinking leads to the ability to build on the positive aspects of any outcome and nurtures a sense of hopefulness. Example: "This layoff is difficult to accept but I have skills and work habits that will allow me to find another job if I am diligent in my search."
- F. Alternative to *Negative Forecasting*: Considering that all possible outcomes may occur and recognizing that without effort no positive outcome is possible. This leads to the more optimistic view of the world and generates enthusiasm. Example: "I know there is competition for this job but I'll stay positive in the in-

interview. If I'm not hired for this job, I know there is another job for me in the future.”

- After reviewing the material on self-defeating thoughts and the positive alternatives to these negative patterns, please record up to seven instances of your engaging in self-defeating thoughts and write down a positive alternative thought that could have/should have replaced it.

Please fill in the information requested: Describe the situation that triggered the self-defeating thought, list the self-defeating thought itself, describe the negative emotion that resulted from this thought, and finally, list an alternative positive thought that could have been used to interpret the situation differently.

Entry 1 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 2 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 3 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 4 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 5 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 6 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

Entry 7 Date: _____	Situation	_____
	Self-Defeating Thought	_____
	Negative Emotional Results	_____
	Alternative Positive Thought	_____

PLAN BEFORE ACTING

GOALS OF THE EXERCISE

1. Develop a coping strategy to inhibit the tendency toward impulsive responding.
2. Increase awareness on how impulsive behaviors lead to negative consequences for self and others.
3. Identify problem and explore alternative courses of action before making a final decision to act.
4. Learn to evaluate own behavior and how it affects self and others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Attention Deficit Disorder (ADD)—Adult
- Mania or Hypomania
- Type A Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Many clients are characterized by their tendency to exercise poor judgment and act without considering the consequences of their actions. The client finds himself/herself in trouble without realizing what caused him/her to get there and fails to recognize the antecedents of his/her negative consequences. In this exercise, the client is taught a basic problem-solving strategy to help inhibit impulses. The client first identifies a problem and then works through the subsequent problem-solving stages. This is a long assignment, so the client will need considerable encouragement and perhaps support in completing the assignment within the therapy session.

PLAN BEFORE ACTING

People often find themselves in trouble without realizing what caused them to get there. This occurs when people try to solve problems by quickly rushing into a situation without stopping and thinking about the possible consequences of his/her actions. The failure to stop and think causes negative consequences for both self and others. In this exercise, you are taught to use basic problem-solving steps to deal with a stressful situation. By following these steps, you will find yourself in less trouble with others and feel better about yourself.

1. The first step in solving any problem is to realize that a problem exists. At this beginning stage, you are asked to identify either a major problem that you are currently facing or a common recurring problem that troubles you. Talk with your friends, spouse, or family if you have trouble selecting a problem that you would like to focus on solving.

Identify the problem.

2. After identifying the problem, consider three different possible courses of action to help you solve or deal with the problem. List the pros and cons of each possible course of action. Record at least three different pros and cons for each course of action.

First possible course of action to be taken.

Pros

Cons

<hr/>	<hr/>

Second possible course of action to be taken.

Pros

Cons

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Third possible course of action to be taken.

Pros

Cons

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. Next, review the pros and cons of each one of your possible courses of action and select the course of action you plan to follow. At this point, you are encouraged to talk with your spouse or a friend or family member to help you choose a final plan of action.

4. Identify the course of action that you plan to follow.

5. What factors influenced you to choose this course of action?

6. What advice or input did you receive from others that influenced your decision?

7. Now it is time to follow through on your plan of action. Describe the events that occurred when you followed through with your plan of action. What were the results?

You are in the final stage of this exercise. You have identified the problem, considered different possible course of action, made a decision, and followed through on your plan of action. Your final task is to evaluate the results or success of your plan of action. Please respond to the following questions:

8. How do you feel about the results of your action?

9. How did your plan affect both you and others?

10. What did you learn from this experience?

11. What, if anything, would you do differently if you were faced with the same or a similar problem in the future?

AFTERCARE PLAN COMPONENTS

GOALS OF THE EXERCISE

1. Acknowledge that the maintenance of sobriety requires many different life changes and support components.
2. Identify the specific aftercare components that will support recovery.
3. Maintain long-term sobriety.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence—Relapse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Recovery from substance abuse requires a multifaceted approach. The client must be reminded often of the need for many different support systems to overcome his/her natural tendency to relapse into substance abuse. A structured aftercare plan should be completed by the client at the early to middle stage of treatment. Assist the client with filling in any of the necessary information requested on the form. Add additional information that you believe will be necessary to support the client's recovery.

AFTERCARE PLAN COMPONENTS

Maintenance of long-term sobriety requires an aftercare plan with various components that support the recovery endeavor. This assignment allows you to stipulate what components you will rely on to help you maintain sobriety for the long term. Sobriety will never be maintained if the only component of recovery is “I’m going to stop using a specific substance.” Pure willpower has never been, nor will it ever be, enough to maintain sobriety once substance abuse has been such a dominating force in a person’s life. You need many different components to keep the plan strong and moving forward.

Fill in all the blanks with the pertinent information regarding the resources that you will be making use of during your recovery.

A. AA/NA Meetings

Where? _____

When? _____

How many times per week? _____

B. Sponsor

Who? _____

Phone number _____

C. 1-to-1 Counseling

With whom? _____

How often? _____

Phone number _____

D. Family Counseling

With whom? _____

How often? _____

E. Spiritual Support Group

Where? _____

How often? _____

- F. Employment
Where? _____
How many hours per week? _____
- G. Employment Search
How conducted? _____
How often will you search? _____
- H. Recreation
What will it be? _____
When will you do it? _____
- I. New Sober Friends
Who are they? _____
What will you do together? _____
How will you make new friends? _____
- J. Exercise Program
What will you do? _____
When will you do it? _____
How many times per week? _____
- K. Probation/Parole Contact
With whom? _____
How often? _____
- L. Child Visitation
Where? _____
When? _____
- M. Sleep Schedule
Bed time? _____
Arise time? _____
- N. Meal Schedule
Breakfast time? _____
Lunch time? _____
Dinner time? _____
- O. Other Important Component: _____

P. Another Important Component: _____

List the three most important components of your aftercare recovery plan and tell how you will ensure that you will follow through on these things.

RELAPSE TRIGGERS

GOALS OF THE EXERCISE

1. Increase awareness of potential relapse triggers.
2. Identify coping techniques for each relapse trigger.
3. Accept powerlessness over mood-altering substances and the need for a structured recovery program that includes the help of others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence—Relapse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Although the client may be able to identify the people, places, and things that are the strongest potential triggers for relapse, he/she may need significant guidance in listing coping techniques for each of these triggers. Let the client struggle on his/her own to identify these coping skills before providing support and additional guidance. More than one coping technique may be recommended for a particular trigger situation.

RELAPSE TRIGGERS

Alcoholics Anonymous (AA) refers to people, places, and things that can initiate a relapse into substance abuse as relapse triggers. It is very important that you try to identify those people or situations that may increase your vulnerability to the temptation to return to substance abuse. Identifying the triggers for substance abuse is a first step that must be followed by a plan for coping with each of these triggers if you are to minimize the power of their influence over you in the future.

1. List at least 10 people, places, or things that your experience has taught you will tempt you to return to the use of mood-altering substances. Consider such things as friends or associates, family members, drug or alcohol-using locations, places to purchase drugs or alcohol, strong emotions that have been associated with drug or alcohol use, recreational activities associated with use, financial situations that provide opportunities for use, and so on.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

2. Consider each of the triggers that you have listed and write down a positive way that you can cope with this situation, person, or emotion in order to not return to substance abuse. You may need to consult with your counselor about coping techniques, but attempt to come up with some of these on your own. Consider such things as AA meetings, sponsor contact, higher-power meditation, positive support groups, positive relationships, one-to-one counseling, avoidance of specific friends or places, keeping money out of your hands, increasing recreation, and so on.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

3. What are the three most important triggers that you need to be alert for in order to avoid their powerful influence?

A. _____

B. _____

C. _____

4. What are the three most important coping skills that you believe will help you maintain your sobriety?

A. _____

B. _____

C. _____

SUBSTANCE ABUSE NEGATIVE IMPACT VERSUS SOBRIETY'S POSITIVE IMPACT

GOALS OF THE EXERCISE

1. Break down denial and minimization by acknowledging the negative consequences of substance abuse.
2. Increase hope and motivation for sobriety by recognizing the potential positive consequences of recovery.
3. Commit to a recovery program that will promote sobriety.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence—Relapse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Breaking through denial for a chemically dependent client is a difficult task. This assignment provides an opportunity for the client to assess the devastating effects of substance abuse on his/her life and the lives of others. Confrontation may be used if minimization or denial prevents honest acknowledgment of the negative consequences surrounding the client's substance abuse pattern. Reinforcement and support should be given as honesty is demonstrated. Assistance may be necessary to provide the chemically dependent client with a vision of the positive impact of sobriety on his/her future since it is not unusual for hopelessness and helplessness to predominate.

SUBSTANCE ABUSE NEGATIVE IMPACT VERSUS SOBRIETY'S POSITIVE IMPACT

To maintain a life of sobriety, you need to acknowledge without denial and minimization the negative impact that substance abuse has had on your life and the lives of others. In contrast to that, you accept that sobriety will have a positive impact on your life and the lives of others. This assignment gives you an opportunity to honestly evaluate the negative consequences of your history of substance abuse and project how sobriety will produce positive consequences for you and others.

1. List at least 10 ways that your substance abuse has negatively impacted your life. Consider such things as health, relationships, self-esteem, employment, legal entanglements, finances, friendships, family relations, children, and so on.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

- J. _____

- K. _____

- L. _____

2. List at least 10 ways that your substance abuse has had a negative impact on the lives of others. Consider friends, family, employers, children, coworkers, neighbors, counselors, clergy, AA members, sponsors, and so on. (Be sure to indicate not just who was affected by your substance abuse, but *how* they were affected.)

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____

- F. _____

- G. _____

- H. _____

- I. _____

- J. _____

- K. _____

- L. _____

3. List at least 10 positive impacts that being sober will have on your life. Consider the same areas that you reviewed in number 1.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

4. List at least 10 ways that being sober will have a positive impact on the lives of others. Consider those same people that you thought of for number 2.

A. _____

B. _____

C. _____

D. _____

- E. _____

- F. _____

- G. _____

- H. _____

- I. _____

- J. _____

- K. _____

- L. _____

5. List the three most important negative consequences of your substance abuse on your life. Select these from number 1.

- A. _____
- B. _____
- C. _____

Why have you chosen these as the most important? _____

6. List the three most important negative consequences that your substance abuse has had on others. Select these from number 2.

- A. _____
- B. _____
- C. _____

Why have you chosen these as the most important? _____

7. List the three most important positive consequences of sobriety in your personal life. Select these from number 3.

A. _____

B. _____

C. _____

Why have you chosen these as the most important? _____

8. List the three most important positive consequences of sobriety on the lives of others. Select these from number 4.

A. _____

B. _____

C. _____

Why have you chosen these as the most important? _____

9. What changes can you make in your life to reduce the probability that substance abuse will continue along with its negative consequences and increase the probability that sobriety will be maintained along with its positive consequences?

EARLY WARNING SIGNS OF RELAPSE*

GOALS OF THE EXERCISE

1. Increase awareness of personal early warning signs of relapse.
2. Learn that relapse is a process and that a person can prevent that process from continuing to its completion in his/her life.
3. Increase awareness of being an active participant in the recovery process.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity is intended to help clients in early recovery gain awareness of cognitive, emotional, and behavioral changes often seen in the early stages of the relapse process, before an actual return to active addiction, and plan strategies to counter these changes if and when he/she sees them. This exercise is intended as preparation for the “Relapse Prevention Planning” activity (also found in this book). In addition to that exercise, follow-up for this exercise might include sharing the information gathered in this activity with a program sponsor, keeping a journal specifically to record red-flag symptoms, and discussing this topic with recovery role models in a home group.

*This assignment has been adapted from J. R. Finley and B. S. Lenz, *Addiction Treatment Homework Planner* (Hoboken, NJ: John Wiley & Sons, 2003, Copyright © by John Wiley & Sons, Inc.). Reprinted with permission.

EARLY WARNING SIGNS OF RELAPSE

In addition to external pressures to return to addiction, our attitudes, thoughts, and behavior also play a key role in relapse. Learning about early warning signs can help you avoid going back to drinking, using, or other addictive patterns. This exercise will help you identify your personal warning signs. If you can identify the early warning signs, you can stop a relapse and turn it around.

Returning to our addictions is the completion of the process of relapse, not its beginning. Before a person picks up a drink or drug, walks into a casino, or otherwise returns to an addiction, there are many warning signs. Knowing these warning signs can help you cut the process short.

1. Relapse-related *changes in thinking* may include persuading yourself that some new method of being a controlled drinker, drug user, gambler, and so on, will work; remembering the good times and overlooking the problems; thinking of addictive actions as a reward for success or a way to celebrate; or believing that one cannot succeed in recovery. Please list specific examples of how your thinking changed before your last relapse, or similar changes that you've seen in others.

2. *Attitudes also change* as a recovering person drifts toward relapse. Determination, optimism, teamwork, and motivation may be replaced by negative attitudes, such as apathy, negativity, selfishness, and a feeling that being unable to drink, use, gamble, or use other addictive behavior is an undeserved punishment. Please list specific examples of how your attitudes changed before your last relapse, or similar changes that you've seen in others.

3. Another area where there are clear differences between an actively addicted person's lifestyle and that of a recovering person is in *how he/she relates to others*. Before returning to active addiction, our behavior usually slips back into patterns, such as self-isolation, manipulation, dishonesty, secretiveness, being demanding and resentful, and putting what we want ahead of caring about other people. Please list specific examples of how your ways of relating to other people changed before your last relapse, or similar changes that you've seen in others.

4. You have probably also seen common *behavior patterns* in yourself and others who were abusing alcohol or other drugs or practicing other addictions and seen very different patterns in recovering people. When a person is sliding back toward addiction, his/her behaviors usually start looking more and more like they did before abstinence. Some typical addictive behavior patterns include irregular eating and sleep habits, neglect of health, irresponsibility, reckless high-risk behaviors, procrastination, impulsivity, and other patterns showing a loss of self-control and the growth of chaos in one's life. Please list specific examples of how your behavior changed before your last relapse, or similar changes that you've seen in others.

5. Together with the other changes described previously, the *feelings and moods* of actively addicted people tend to be different from those they experience in recovery. Common addictive patterns of feelings and mood include irritability, anxiety, depression, hopelessness, indifference, self-pity, anger, and self-centeredness. Please list specific examples of how your feelings and moods changed before your last relapse, or similar changes that you've seen in others.

6. Now think back, check with others if possible, and identify whatever warning signs from all of the previous areas that preceded your last relapse. If you have never tried to quit before and have no experience of relapse, list the patterns that were normal for you when you were drinking or using. Either way, please write these red flags down in the order in which they happened.

IDENTIFYING RELAPSE TRIGGERS AND CUES*

GOALS OF THE EXERCISE

1. Increase awareness of personal situational triggers and cues to relapse.
2. Recognize high-risk situations involving increased risk of relapse.
3. Develop alternative coping strategies to manage relapse triggers, cues, and warning signs.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity is designed to help the newly recovering client identify both environmental and internal relapse triggers and plan strategies to identify them quickly and cope with them when they occur. Follow-up may include completing the “Relapse Prevention Planning” activity (also found in this book), keeping a journal about work with the information gained in this exercise, and reporting to the therapist or group on outcomes of any strategies that are identified.

*This assignment has been adapted from J. R. Finley and B. S. Lenz, *Addiction Treatment Homework Planner* (Hoboken, NJ: John Wiley & Sons, 2003, Copyright © by John Wiley & Sons, Inc.). Reprinted with permission.

IDENTIFYING RELAPSE TRIGGERS AND CUES

Relapse is common, but it is preventable. Preventing relapse requires awareness of things that can trigger us to behave addictively and willingness to do something about it when one of them happens. The purpose of this exercise is to ask yourself questions to increase your awareness of possible relapse triggers and make a plan to cope with them and prevent relapse.

Risky Situations

1. Relapse is often triggered by sights, sounds, and situations that have often been associated with addictive behaviors in the past. Many recovering people find that, unless they are on guard, their thoughts automatically turn back to old behavior patterns when they are around the people with whom they drank, used, or gambled. Who are the people, or the kind of people, with whom you usually practiced addictive behaviors in the past?

2. Because addictive behaviors are sometimes social activities, you may know people who will expect you to continue to do the old things with them. They may not understand or care about your recovery, and may use persuasion, teasing, or argument to try to get you to relapse. In your life, who are the people most likely to exert social pressure on you to relapse? (This list may include all or some of the people you listed for question 1.)

3. Many recovering people find that others—family members, friends, or coworkers—had been enabling their addictions (i.e., these people had helped them avoid the consequences or made it easier in other ways for them to keep using). Please list any people that have enabled your addiction.

4. For each of the people listed previously—drinking/using/gambling companions, people pressuring you to relapse, and enablers—describe how you will avoid relapse triggered by their actions.

5. What are the social situations that you think will place you at the greatest risk to relapse?

6. Many people also use addictions to cope with stress, and sometimes relationship issues can be extremely stressful. When you think about your future, what relationship difficulties might put you at risk for returning to addictive patterns?

7. We also find that for many of us our addictions had become part of our daily routine, something we did automatically at certain times, such as just after work. Reviewing your former daily routines, at what times of the day are you most likely to relapse?

8. Many people feel the desire to test their ability to maintain recovery in challenging situations, such as being with drinking friends, going to old hangouts, and so forth. This often leads to relapse and is an unnecessary risk. Describe any ways in which you've tested your ability to stay in recovery.

9. As another way to guard against stress-induced relapse, please think about both current situations and future life events that you need to be prepared to handle without escaping into addictions. What are they?

10. What's your plan to handle these situations? What changes are you willing and able to make to handle the pressures and temptations to relapse in the situations you listed previously?

Internal Triggers

11. When you experience urges or cravings to act out addictively, how does your body feel?

12. When you experience urges to act out addictively, what emotions do you usually feel?

13. As mentioned earlier, addictions are often tools for coping with stress (i.e., ways to change feelings that we dislike to ones with which we are more comfortable). What unpleasant feelings will place you at greatest risk for relapse?

14. Following are some common feelings for which people have used chemicals to cope. It's important not only to be determined not to drink or use to cope, but also to know what you will do—not having an alternative to replace substance abuse increases your risk of relapse. Next to each feeling, describe what you will do instead of using to cope with that feeling.

Feeling	What You Will Do to Cope
a. Anger	<hr/>
b. Anxiety	<hr/>
c. Boredom	<hr/>
d. Sadness	<hr/>
e. Fatigue	<hr/>
f. Fear	<hr/>
g. Frustration	<hr/>
h. Loneliness	<hr/>
i. Indifference	<hr/>
j. Self-pity	<hr/>
k. Shame	<hr/>
l. Depression	<hr/>
m. Other feelings	<hr/>

RELAPSE PREVENTION PLANNING*

GOALS OF THE EXERCISE

1. Develop a plan of action to deal with relapse triggers and warning signs.
2. Assess commitment to recovery.
3. Take greater responsibility for recovery and increase the chances of success through planning.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity provides clients (either those who are beginning in recovery or experiencing stresses that increase the risk of relapse) with a structured framework to create a personalized plan to anticipate relapse triggers and cues; plan coping or avoidance strategies; spot early warning signs of the relapse process; and identify resources, strategies, and relationships to use to maintain recovery. For best results, have the client complete “Early Warning Signs of Relapse” and “Identifying Relapse Triggers and Cues” (also found in this book) before assigning this activity. Follow-up may include having the client present his/her plan to the therapist, treatment group, and program sponsor; keep a log or journal on plan compliance; and report on the outcomes of his/her uses of the strategies planned.

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RELAPSE PREVENTION PLANNING

If you have identified your own personal relapse triggers and relapse warning signs, you have a good understanding of your relapse process and how to spot it early, before it leads you to an actual return to your addiction. Now it's time to take this information and plan specific strategies to put it to use. The more work you do on this plan and the more specific you are, the more prepared you will be to deal with day-to-day living and unexpected stressful events without reliance on alcohol, other drugs, or other addictive behavior patterns.

1. First, evaluate your thoughts and feelings about sobriety. Are you ready to take any action needed, to go to any lengths to live your life without using mind-altering chemicals or addictive behaviors to block painful feelings or seek pleasure? Describe your attitude about this.

2. What will the consequences be if you return to your addiction?

3. Refer to the exercises on relapse triggers and warning signs, or draw on whatever information you have about the process of relapse. List what you consider to be your 10 most important personal triggers and warning signs for relapse and what you will do to cope with those triggers and warning signs.

Triggers/Warning Signs	Specific Plan to Avoid Drinking/Using/Addictive Behavior
-------------------------------	---

<i>Ex: Feeling hopeless</i>	<i>Review progress; ask others what growth they see</i>
-----------------------------	---

<i>Ex: Urge to use</i>	<i>Attend meetings; contact sponsor; meditate</i>
------------------------	---

<hr/>	<hr/>

4. Recovery is not a solo process, which is why people who try to quit without help from others usually relapse. Whom will you contact for support and assistance? List six people.

Name

Phone Number

<hr/>	<hr/>

5. Emergency planning: Your relapse prevention plan should include what you will do if you encounter a sudden crisis, a stressful situation that triggers a strong urge to use or drink or return to addictive behavior. Write a plan that is simple and can be started immediately.

6. Changing your routine is important in managing addictive behavior. How will you begin and end each day to help you maintain sobriety?

7. Your relapse prevention plan should include attending support groups—Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, and so forth. List meetings you will commit yourself to attend regularly.

Name of Group	Day and Time	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Do you foresee any obstacles or barriers to implementing this plan? If so, what are they?

9. What will you do about these roadblocks to your recovery or any others you experience?

10. If your plan isn't enough, and you relapse, what will you do to get back on track in your recovery?

11. Are there parts of this plan that you are already carrying out? What are they, and how well have they worked?

12. Now that you have your plan made, it's important to monitor your success in using it and correct it or add to it as needed. When and with whom will you make regular progress checks?

Person	When You Will Talk about Your Progress
_____	_____
_____	_____
_____	_____
_____	_____

RELAPSE SYMPTOM LINE

GOALS OF THE EXERCISE

1. Identify the specific people, places, things, and feelings that trigger relapse.
2. Discover patterns that may exist for the repeated relapses into substance abuse.
3. Isolate the most powerful triggers that must be dealt with to maintain sobriety successfully in the future.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

When a client relapses repeatedly after periods of successful sobriety, it is important to attempt to discover any patterns of relapse triggers that need special coping techniques applied to them. Review the client's Relapse Symptom Line to try to discover these patterns of relapse triggers. Reassure the client that you can focus on developing coping skills for any relapse trigger that has special significance in his/her life. It will probably be helpful to engage the resources of significant others and self-help support groups as part of the aftercare plan in dealing with relapse triggers.

RELAPSE SYMPTOM LINE

It is very important to identify the specific behaviors, attitudes, and feelings that led up to the loss of sobriety and the relapse into substance abuse. When a pattern of relapse occurs after a period of sobriety followed by a recovery and then another relapse, it is crucial to identify the triggers for each of the relapses. This assignment provides you with the opportunity to look back over your pattern of relapses and evaluate the circumstances surrounding each relapse. You will discover some triggers that make you vulnerable to relapse so that coping skills can be developed to deal with them.

1. An example of a Relapse Symptom Line follows. Notice that the Relapse Symptom Line begins with the date that substance abuse started. Perhaps there will be more than one start date if the first date is involved with alcohol, but the second start date involves some other mood-altering substance. The next event on the Symptom Line would be the date associated with the first time you become clean and sober. The next date on the Symptom Line is that of the first relapse into substance abuse. Each date of relapse should record the following information: When (the time of day or special event that was occurring), where (at what location did you begin to use the substance), who (who were you with when you were using the substance), why (what special circumstances surrounded the relapse), and feelings (what emotions were you experiencing at the time of the relapse). Look over the example that follows to further understand how a Relapse Symptom Line should look when it is completed. The example contains four relapses; yours may contain more or less than this example.

2/80	6/85	4/92	10/92	12/92	12/93
Started Alcohol	Started Cocaine	Clean & Sober	Relapse	Clean & Sober	Relapse
			When: My birthday Where: At bar Who: With friends Why: Celebrating/argued with wife Feelings: Angry, celebrating		When: Christmas Eve party Where: At mom's house Who: With family members Why: Party time Feelings: Nervous, happy, celebrating

EXERCISE VII.D

1/94 Clean & Sober	8/94 Relapse	10/94 Clean & Sober	10/02 Relapse
	When: After softball game Where: At bar Who: With teammates Why: Celebrating Feelings: Celebrating		When: After work Where: In car Who: Alone Why: Laid off Feelings: Depressed, worried

2. **Personal Relapse Symptom Line:** Enter on the lines the dates for your beginning of substance abuse, times of clean and sober living, and times of relapse. Below each relapse date, enter information on when, where, who, why, and the feelings experienced at the time prior to relapse.

3. What pattern do you see regarding where the substance abuse occurred at times of relapse?

4. What pattern can you find regarding who was with you when you relapsed into substance abuse?

5. What pattern is there for any special circumstances that occurred prior to relapse?

6. What feelings are commonly experienced prior to relapse?

7. What has this exercise taught you about your triggers for relapse?

CHANGING FROM VICTIM TO SURVIVOR

GOALS OF THE EXERCISE

1. Identify the traits of a victim versus those of a survivor.
2. Evaluate current status as either a victim or a survivor.
3. Increase confidence toward facing life with a sense of empowerment.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Posttraumatic Stress Disorder (PTSD)
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client may be far down the road toward becoming a survivor instead of a victim. On the other hand, the client may be stuck in victim status and this assignment will help him/her sort through traits that keep him/her in that status. Review his/her list of descriptors to make sure that the positive, confident, and healthy descriptors are under the label of "Survivor" while the more negative, self-defeating, depressive descriptors are under the column labeled "Victim." Reinforce motivation to move from victim to survivor and point out the many benefits that accrue as he/she changes this status of perspective.

CHANGING FROM VICTIM TO SURVIVOR

It is natural to view yourself as a victim and to experience all of the feelings and attitudes that accompany that victim status when the abuse has only recently occurred or there has been no opportunity for working through the emotions and thoughts connected to the abuse. It takes time and effort to move from the status of being a victim to becoming a survivor. The feelings and thoughts associated with being a victim are overwhelmingly negative and self-defeating. The feelings and thoughts associated with being a survivor, on the other hand, are more positive, forward looking, and confident. While it is natural and expected that everyone who has been exposed to abuse starts with feeling like a victim, realization of the potential of this person can only be achieved if their status changes to that of becoming a survivor. This exercise will help you understand the differences between victims and survivors and help you define your own current status.

1. The following words or phrases describe either a victim or a survivor, but they are presented to you in a jumbled and mixed-up order. Your task is to look at each word or phrase and rewrite it under the column labeled “Victim” or the column labeled “Survivor.” You will have to sort through the list to finally end up with a profile of words that describe the victim and words that describe a survivor.

List of Descriptors

Depressed	Preoccupied with trauma
Has overcome pain	Enjoys living
Blames perpetrator	Lives in the past
Pessimistic	Wants understanding
Hopeless	Enjoys people
Empowered	Letting go of anger
Trauma is in perspective	Growing in trust
Defeated	No energy
Lives in the present and future	Dominated by fear
Helpless	More smiles than tears
Hopeful	Distrustful
Withdrawn socially	Bitter
Optimistic	Confident
Ashamed	Renewed energy
Needs sympathy	Focused on the pain

FEELINGS AND FORGIVENESS LETTER

GOALS OF THE EXERCISE

1. Increase feelings of empowerment and self-worth.
2. Clarify feelings regarding the childhood traumatic experiences of abuse or neglect.
3. Clarify feelings toward the perpetrator of the childhood abuse or neglect.
4. Increase the level of forgiveness toward the perpetrator and others associated with the childhood trauma.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Low Self-Esteem
- Posttraumatic Stress Disorder (PTSD)
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise should be assigned in the later stages of therapy after the client has already verbalized and worked through many of his/her feelings surrounding the childhood experiences of abuse or neglect. The client must be ready to offer forgiveness to the perpetrator or significant others and should not be forced into this stage of counseling prematurely. Encourage the client to honestly answer the questions that are meant to help organize his/her thoughts or feelings before writing the actual letter. Some of the questions may not be relevant to a particular client and he/she should exercise his/her judgment about answering them. Be sure to remind the client to return the letter to you for further processing before making any decision about sharing it with the perpetrator or any significant others. The letter may also be used as a basis for a conjoint session with the perpetrator or other family members if that seems clinically appropriate.

FEELINGS AND FORGIVENESS LETTER

In this exercise, you are asked to write a letter of feelings and forgiveness to the perpetrator or other important people connected with your childhood abuse or neglect. You have been given this assignment because you have already done much hard work. You have been able to identify, verbalize, and work through many of your thoughts and feelings surrounding the childhood abuse or neglect. At this point, you are now much stronger emotionally and are ready to offer forgiveness to the perpetrator or significant others associated with your experiences of childhood abuse or neglect.

Before you begin to write the actual letter, please respond to the questions that follow. These questions will help you organize your thoughts and feelings before you write the letter to the perpetrator or significant others. You may find that some of the questions do not apply to you; therefore, leave these items blank. Space is also provided for you at the end of this assignment where you may express any additional thoughts or feelings you may want to include in your letter. Feel free to write down whatever thoughts or feelings come into your mind as you respond to these questions.

1. What impact has the experience of childhood trauma had on your life as an adult?

2. What feelings did you have as a child toward the perpetrator of the childhood abuse or neglect that you suffered?

3. How did the abuse or neglect make you feel about yourself as a child?

4. How do you feel about yourself as an adult now that you have worked through some of the pain associated with your childhood abuse or neglect?

5. What are your present feelings toward the perpetrator of your childhood abuse or neglect?

6. What are your feelings about other significant people in the family who witnessed the abuse or neglect but did nothing to stop it?

7. What changes have occurred within you that make it possible for you to consider forgiving the perpetrator or other significant persons?

8. What, if anything, has the perpetrator or other significant persons said or done that has allowed you to consider forgiveness of them?

9. Why are you choosing to begin the process of forgiveness toward the perpetrator or other significant others?

PAIN AND STRESS JOURNAL

GOALS OF THE EXERCISE

1. Discover the relationship between stress, muscle tension, and increased pain levels.
2. Identify any patterns of times, places, or activities that trigger increased pain.
3. Identify sources of stress that are associated with increased pain.
4. Identify patterns of relief activities that are commonly being used to reduce pain or stress.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Medical Issues
- Phase of Life Problems
- Somatization

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Review the form for collection of data when this assignment is given to the client. Answer any questions about the type of data that the form requests. Review the completed form with the client to discover any patterns of the place, activity, or time that is associated with increased pain experiences. Also note how stress levels may be associated with increased pain. Review the sources of stress that may be triggering pain and prepare the client for training in stress management techniques focused on these sources of stress. Be alert for any adaptive stress reduction techniques the client is currently using so that they can be reinforced.

PAIN AND STRESS JOURNAL

Chronic pain is both a producer of stress and exacerbated by stress. It is important for people suffering from chronic pain to recognize this fact and attempt to minimize the amount of stress in their lives and to develop effective coping skills and techniques to reduce stress that cannot be avoided. The reduction of stress and its accompanying muscle tension will bring about increased pain management and control. This exercise will help you and your therapist discover when chronic pain seems to be most severe and the nature of the stressors that accompany or trigger the increase in pain. Keeping a journal is a difficult task that requires consistent discipline to make entries on a daily basis.

The journal outline form is designed to help you focus your attention on pain and stress management during the treatment process. You are asked to make an entry at least once a day, beginning with writing the date and time in the lefthand column. You may make more than one entry if there are several instances of severe pain during 1 day. After entering the date and time, record where you were when the pain was severe under the Place heading. Next, record the degree of the pain on a scale of 1 to 100, with 100 being the most severe possible, under the Pain Severity heading. Next, record what it is you were doing while the pain increased in severity under the Activity heading. Record the degree of stress you feel you were under on a scale of 1 to 10, with 10 being the most severe stress in the Stress Severity heading. Next, record the reason you believe you were feeling so much stress under the Stress Source heading. Finally, record any actions you took to relieve the pain or reduce the stress under the Relief Actions heading (include any nonmedication or behavioral actions). Repeat these entries on a consistent daily basis and then bring the data to your counselor for review and processing.

Entry 1 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

Entry 2 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

Entry 3 Date and Time: <hr/> <hr/>	Place	<hr/> <hr/>
	Pain Severity (1–100)	<hr/> <hr/>
	Activity	<hr/> <hr/> <hr/>
	Stress Severity (1–10)	<hr/> <hr/> <hr/>
	Stress Source	<hr/> <hr/> <hr/>
	Relief Actions	<hr/> <hr/> <hr/>

Entry 4 Date and Time: <hr/> <hr/>	Place	<hr/> <hr/>
	Pain Severity (1–100)	<hr/> <hr/>
	Activity	<hr/> <hr/> <hr/>
	Stress Severity (1–10)	<hr/> <hr/> <hr/>
	Stress Source	<hr/> <hr/> <hr/>
	Relief Actions	<hr/> <hr/> <hr/>

Entry 5 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

Entry 6 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

Entry 7 Date and Time: <hr/> <hr/>	Place	<hr/> <hr/>
	Pain Severity (1–100)	<hr/> <hr/>
	Activity	<hr/> <hr/> <hr/>
	Stress Severity (1–10)	<hr/> <hr/> <hr/>
	Stress Source	<hr/> <hr/> <hr/>
	Relief Actions	<hr/> <hr/> <hr/>

Entry 8 Date and Time: <hr/> <hr/>	Place	<hr/> <hr/>
	Pain Severity (1–100)	<hr/> <hr/>
	Activity	<hr/> <hr/> <hr/>
	Stress Severity (1–10)	<hr/> <hr/> <hr/>
	Stress Source	<hr/> <hr/> <hr/>
	Relief Actions	<hr/> <hr/> <hr/>

Entry 9 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

Entry 10 Date and Time: _____ _____	Place	_____
	Pain Severity (1–100)	_____
	Activity	_____
	Stress Severity (1–10)	_____
	Stress Source	_____
	Relief Actions	_____

MEMORY AID—PERSONAL INFORMATION ORGANIZER

GOALS OF THE EXERCISE

1. Develop the habit of using coping strategies for memory deficits.
2. Write down important information that must be remembered to maintain orientation to person, place, and time.
3. Maintain a schedule and keep a history of activities of daily living.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Attention Deficit Disorder (ADD)—Adult
- Depression
- Dissociation
- Phase of Life Problems
- Psychoticism

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients who experience memory deficits related to brain trauma or to psychological issues (e.g., depression, ADD, dissociation) must use coping strategies to help them recall important information and to keep themselves on a productive, structured schedule. These forms can be useful to provide structure to the client and reinforce the habit of writing down important information. You may want to recommend a wristwatch with an alarm feature that will remind the client to check the daily scheduler for an important activity to be completed. After a habit is established, the client could consider purchasing a more complete daily organizer.

MEMORY AID—PERSONAL INFORMATION ORGANIZER

It is important and reassuring when we are accurately oriented to person, place, and time. When memory loss occurs, you must use coping strategies to help you remember information about who you are, where you live, who are your supportive friends and family, what events are scheduled and have already occurred, and what activities are important for you to accomplish. Use the following guide to help you stay organized.

1. Identifying Personal Information

Name: _____

Address: _____

Phone: _____

Birth Date: _____

Age: _____

2. Names of Supportive People in My Life

Parent(s): _____

Phone: _____

Spouse/Partner: _____

Phone: _____

Brother(s): 1) _____

Phone: 1A) _____

2) _____

2A) _____

3) _____

3A) _____

Sister(s): 1) _____

Phone: 1A) _____

2) _____

2A) _____

3) _____

3A) _____

Neighbor(s): 1) _____

Address: 1A) _____

Phone: 1B) _____

2) _____

2A) _____

2B) _____

Friend(s): 1) _____

Address: 1A) _____

Phone: 1B) _____

2) _____

2A) _____

2B) _____

3) _____

3A) _____

3B) _____

Phone for Police: _____

Phone for Fire: _____

3. Plans for the Month

Make a copy of this calendar page and write down your appointments for the month. Save your monthly calendars so you can look back to check what you have done in the past.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4. Daily Schedule

Write down your routine and nonroutine activities that are planned for the day. Make a copy of this page for your reminder or purchase a scheduling book like this.

A.M.	7:00	_____	4:30	_____
	7:30	_____	5:00	_____
	8:00	_____	5:30	_____
	8:30	_____	6:00	_____
	9:00	_____	6:30	_____
	9:30	_____	7:00	_____
	10:00	_____	7:30	_____
	10:30	_____	8:00	_____
	11:00	_____	8:30	_____
	11:30	_____	9:00	_____
P.M.	12:00	_____	9:30	_____
	12:30	_____	10:00	_____
	1:00	_____	10:30	_____
	1:30	_____	11:00	_____
	2:00	_____	11:30	_____
	2:30	_____		_____
	3:00	_____		_____
	3:30	_____		_____
	4:00	_____		_____

Activities of daily living you may include in your schedule:

- Bathe/shower
- Brush teeth
- Call friend/family member
- Do laundry
- Dust house
- Eat breakfast
- Eat lunch
- Eat supper
- Get dressed
- Get out of bed
- Go grocery shopping
- Go to bed
- Go to doctor appt.
- Grooming
- Make bed
- Pay bills
- Pick up house
- Read e-mail
- Read paper
- Run errand
- Take medication
- Vacuum house
- Wash dishes
- Watch T.V.

5. **Projects I Need to Do**

Whenever you think of something specific that you must do, write it down and then put it into your schedule later.

TO DO LIST:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. **Important Things to Remember**

Whenever you read or hear about something important to remember, write it down.

DON'T FORGET:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEMORY ENHANCEMENT TECHNIQUES

GOALS OF THE EXERCISE

1. Learn the cognitive processes that increase the recall of information.
2. Apply the memorization techniques to personal life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Attention Deficit Disorder (ADD)—Adult

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

You may want to review and process these commonly used memorization techniques in session before asking the client to apply them to his/her daily life. Make suggestions to the client as to when the technique might be implemented. Help the client keep a positive attitude and try to reduce discouragement with his/her memory loss effects. Reinforce instances of the use of techniques to enhance memory.

MEMORY ENHANCEMENT TECHNIQUES

When memory loss occurs, it can be helpful to implement the use of memorization techniques that have proven to be effective over many years. Practice the use of the techniques described to improve your memory.

1. **Chunking:** Grouping information into chunks can be useful when trying to remember a list. The items can be grouped into meaningful pieces. For example, 474965327 is easier to remember if you break the list into smaller groups, such as 474-965-327; or, TWANBCCBSCPRCIA is easier to recall if grouped into familiar chunks, such as TWA NBC CBS CPR CIA.

List some examples of instances you could use chunking to help you recall information.

- A. _____
- B. _____
- C. _____

2. **Associations:** It is easier to recall something new if you relate it to or pair it with something you already know. For example, if you are trying to remember a person who was just introduced to you as “Holly Weames,” you might associate her as “Halloween” and picture her in your mind as having a costume on.

List some examples of instances you could use association to help you recall information.

- A. _____
- B. _____
- C. _____

3. **Rhyming:** Simple rhymes can help you remember easily forgotten information. For example, if the name of a new acquaintance is Bill Fowler, you could say something silly to yourself like, “Bill Fowler looks like he ‘fills his collar.’”

List some examples of instances you could use rhyming to help you recall information.

- A. _____
- B. _____
- C. _____

4. **Pictures:** It is often easier to remember something if you visualize it. For example, to remember the name of John Runyon, picture in your mind a marathon runner with the sign of “John” on his chest.

List some examples of instances you could use pictures to help you recall information.

- A. _____
 B. _____
 C. _____

5. **Acronyms:** If you make up a word with the first letter of items that must be remembered, it will make it easier to recall the items. For example, the names of the Great Lakes—Huron, Ontario, Michigan, Erie, and Superior—can be remembered as HOMES. We commonly remember information by using the first letters of the words even if the result does not spell a word. For example, WNBA = Women's National Basketball Association.

List some examples of instances you could use acronyms to help you recall information.

- A. _____
 B. _____
 C. _____

6. **Categorizing:** When faced with a long list of items to recall, it is always helpful to group it into categories. This breaks a long list into smaller parts that are associated with each other and thus easier to recall. For example, consider a long list of sports such as basketball, long jump, tennis, baseball, 100-yard dash, high jump, golf, hurdles, volleyball, and cricket. This list is more easily memorized if it is grouped into two categories—track and field versus sports using a ball.

List some examples of instances you could use categorizing to help you recall information.

- A. _____
 B. _____
 C. _____

7. **Acrostics:** An acrostic is a sentence that is made by taking the first letter from each word that you want to remember and then inserting another word beginning with that letter. For example, to remember the nine planets, you could create this sentence: *Man Very Early Made Jars Stand Up Nearly Perpendicular* (Mercury, Venus, Earth, Mars, Jupiter, Saturn, Uranus, Neptune, Pluto).

List some examples of instances you could use acrostics to help you recall information.

- A. _____
 B. _____
 C. _____

NOTE: The seven techniques described in this homework assignment can be recalled using the acronym CARPACA (*Chunking, Association, Rhyming, Pictures, Acronyms, Categorizing, and Acrostics*).

MAKING YOUR OWN DECISIONS

GOALS OF THE EXERCISE

1. Identify decisions that have been avoided.
2. Identify decisions that will be made independently in the future.
3. Implement positive self-talk to build confidence in decision-making.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Grief/Loss Unresolved
- Low Self-Esteem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Decision-making is anxiety-producing in people who have developed a pattern of dependency on others or have lost confidence in their own abilities. This exercise is focused on assisting the client to acknowledge the pattern of avoidance of decisions, to commit to making specified decisions, and to build confidence through positive self-talk. Point out the client's distorted cognitive messages that contribute to low self-esteem and assist him/her in listing replacement messages that are more realistic and positive. Reinforce all steps toward independent functioning and decision-making.

MAKING YOUR OWN DECISIONS

When you develop a habit of dependence on others, you commonly avoid making your own decisions. You postpone or project responsibility for decisions onto others. Often, this pattern extends to even the small decisions of daily living, such as what time to eat, what meal to prepare, what time to go to bed, whether to call a friend or family member, or whether to make a small purchase.

1. **Decisions I Have Let Others Make:** List 10 decisions that you have avoided making in the recent past.

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____

2. **Decisions I Will Make:** List 10 decisions you will make in the near future without seeking out unnecessary reassurance and direction from others.

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____

3. **Positive Self-Talk:** List 5 positive messages you can give to yourself that will help you make decisions more confidently (e.g., I am a capable person, I have the intelligence necessary to make reasonable decisions, I have researched this issue enough to make an informed and logical decision).

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

SATISFYING UNMET EMOTIONAL NEEDS

GOALS OF THE EXERCISE

1. View self as more independent and capable rather than needy and dependent on others.
2. Identify and specify unmet emotional needs.
3. Identify self-help actions to meet emotional needs.
4. Make a commitment to begin self-help action to meet emotional needs.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Borderline Personality
- Depression
- Grief/Loss Unresolved
- Intimate Relationship Conflicts
- Low Self-Esteem
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise helps clients focus on their unmet emotional needs. Clients who struggle with dependency, depression, or feelings of inadequacy often develop a sense of helplessness for doing anything to improve their situation. This assignment challenges the client to think about ways that he/she can commit himself/herself to a self-help action plan. The therapist probably will have to guide the client in listing actions he/she could take to improve the probability of getting his/her needs met. But, it is recommended that the client be allowed to struggle with this issue alone before the therapist provides too much assistance. Actually, this assignment becomes a test of the client's dependency on the therapist to do the assignment for him/her.

SATISFYING UNMET EMOTIONAL NEEDS

All human beings have emotional needs that they want to be fulfilled. When these needs are not satisfied, we feel sad, depressed, lonely, hurt, disappointed, or even worthless. This exercise will help you identify and specify what needs of yours are unmet as well as to help you design a plan of action to get your needs met by doing something constructive to help yourself take charge of the satisfaction of your own needs. Too often, people rely on others or life's circumstances to get their needs met and they are disappointed. It is a much healthier approach to do everything you can to assert yourself and arrange your world in such a way that your needs get met through the actions or requests that you make of other people. To be completely dependent on others to meet your needs makes you too vulnerable to hurt and disappointment, and it denies your own capabilities and resources to get your needs met.

Unmet Emotional Needs

1. Review the list of common emotional needs and place an X next to the ones that you feel are not met in your life. There are three blank lines for you to write in any unmet needs of yours that were left off the list.
 - ___ 1. To feel loved unconditionally by at least a few people.
 - ___ 2. To get recognition for accomplishments.
 - ___ 3. To be touched, patted, and hugged affectionately.
 - ___ 4. To be encouraged to do your best.
 - ___ 5. To be listened to, understood, and heard.
 - ___ 6. To feel supported when feeling hurt, weak, or vulnerable.
 - ___ 7. To be praised and rewarded for your effort to do the right thing.
 - ___ 8. To be treated with respect even if you disagree with someone.
 - ___ 9. To be forgiven when you do something wrong.
 - ___ 10. To feel accepted even with your faults or shortcomings.
 - ___ 11. To be asked to join others in social gatherings.
 - ___ 12. To be trusted and believed when telling your side of a story.
 - ___ 13. To have friends you can trust.

- ___ 14. To have some talent or ability that gets you recognition and builds self-esteem.
- ___ 15. To feel accepted and loved by God.
- ___ 16. To be treated fairly, equally, and given an opportunity to succeed.
- ___ 17. To feel capable of competing adequately against others.
- ___ 18. To feel your physical appearance is reasonably attractive.
- ___ 19. To have someone believe in your capabilities.
- ___ 20. To feel you fit in with a group of friends.
- ___ 21. _____
- ___ 22. _____
- ___ 23. _____

2. You must not rely entirely on others to meet your needs. Next to each unmet need, write one or two things you could do to help yourself move closer to getting your needs met. Perhaps your therapist can help you identify things you can do to help yourself. Write target dates for completing the steps you can take.

Unmet Need	Steps You Can Take	Target Dates
_____	A. _____ _____	A. _____
_____	B. _____ _____	B. _____
_____	A. _____ _____	A. _____
_____	B. _____ _____	B. _____
_____	A. _____ _____	A. _____
_____	B. _____ _____	B. _____
_____	A. _____ _____	A. _____
_____	B. _____ _____	B. _____
_____	A. _____ _____	A. _____
_____	B. _____ _____	B. _____

_____	A.	_____	A.	_____

_____	B.	_____	B.	_____

_____	A.	_____	A.	_____

_____	B.	_____	B.	_____

3. Write out the consequences of the actions that you have taken to help yourself satisfy your own needs.

TAKING STEPS TOWARD INDEPENDENCE

GOALS OF THE EXERCISE

1. Identify and acknowledge fears that inhibit independent actions.
2. Identify events in the past that have taught fear rather than confidence.
3. List steps that can be taken to begin to be more independent.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Low Self-Esteem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client will be asked to examine his/her history to identify circumstances that contributed to living a life of fear and dependence on others. Give the client support for revealing painful events that have nurtured fear, but also encourage growth in taking steps toward learning to overcome fear and live more independently.

TAKING STEPS TOWARD INDEPENDENCE

Fear and lack of confidence can thwart the normal development of independence. You may look to others to make decisions for you while you seek to please them in any possible way, even if it means taking over activities that clearly belong as the responsibility of others. Explore your fears and ways to overcome those fears by increasing independent actions.

1. **Fear of Disappointing Others:** This is a common fear that inhibits the growth of independence. Describe circumstances in your past that could have taught you to expect that you will disappoint others when you make a decision to act.

2. **Fear of Failure:** Describe incidents in your past that contribute to your expectation of failure when you take independent action.

3. **Fear of Abandonment:** What family or social circumstances have caused you to fear that others will leave you alone if you do not constantly try to please them?

4. **Independent Actions:** List actions you can take that will help you overcome your fears and increase your independence. Give a date for implementation.

Action

Date

1) _____	_____
_____	_____
2) _____	_____
_____	_____
3) _____	_____
_____	_____

IDENTIFY AND SCHEDULE PLEASANT ACTIVITIES

GOALS OF THE EXERCISE

1. Identify, schedule, and participate in enjoyable activities.
2. Enjoy the pleasant feelings that social, leisure, and recreational activities can bring.
3. Report a lift in mood resulting from increased social and recreational activity.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Family Conflict
- Intimate Relationship Conflicts
- Type A Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client's depression may interfere with his/her ability to recall pleasant activities and he/she may censor many of these activities, feeling he/she does not have the energy for them. Encourage him/her to brainstorm freely. If it is necessary, this assignment can be done within the counseling session rather than relying on the reduced motivation of the depressed client to fulfill the requirements of the assignment. Perhaps the brainstorming and scheduling need to be done within the session and the homework is that of implementing the activity and recording its impact. It is recommended that the client monitor his/her mood before, during, and after the event to focus him/her on the positive effect that the event has on mood. Review and reinforce the client's success in improving his/her mood using the satisfying activities.

2. Now select from your list of pleasant events seven that you believe are most likely for you to engage in. In the seven lines, list those activities and then to the right of the activity, write a few words that describe what was positive about the activity or why you found it pleasant or enjoyable.

Most Likely Activities	Why Pleasant?
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

3. On the following lines, schedule one pleasant activity per day to which you are committed. Include the time of the day and with whom you might share the activity.

Activity	When and With Whom
Day 1 _____	_____
Day 2 _____	_____
Day 3 _____	_____
Day 4 _____	_____
Day 5 _____	_____
Day 6 _____	_____
Day 7 _____	_____

4. On the following lines, record the activity engaged in and the degree of satisfaction on a scale of 1 (low) to 10 (high) that was felt during and after the engagement with the pleasant event. Also record the effect that the pleasant event had on your mood using a scale of 1 (no positive effect) to 10 (strong uplifting effect on mood).

Activity	Satisfaction	Effect on Mood
Day 1 _____	_____	_____
Day 2 _____	_____	_____
Day 3 _____	_____	_____
Day 4 _____	_____	_____
Day 5 _____	_____	_____
Day 6 _____	_____	_____
Day 7 _____	_____	_____

NEGATIVE THOUGHTS TRIGGER NEGATIVE FEELINGS

GOALS OF THE EXERCISE

1. Verbalize an understanding of the relationship between distorted thinking and negative emotions.
2. Learn key concepts regarding types of distorted thinking.
3. Apply key concepts regarding distorted thinking to own experience.
4. Replace negative, distorted thoughts with positive, realistic thoughts that mediate recovery from depression.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Eating Disorder
- Grief/Loss Unresolved
- Intimate Relationship Conflicts
- Low Self-Esteem
- Panic
- Paranoid Ideation
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The concepts of cognitive therapy can be difficult to explain to a client in the abstract. This assignment defines and gives life examples for each of the common types of distorted thinking. The content of this assignment leans heavily on the work of cognitive/behavior therapists such as Beck, Burns, and Lazurus. You may use this assignment as a stepping stone for educating the client on the importance of controlling and changing thoughts. Help him/her find examples of distorted thinking from his/her own life experience as it has been revealed to you in previous or current sessions. Then assist in generating positive replacement thoughts for the client's negative thoughts. After this tutoring, send the client home with the assignment again to try to identify and replace negative thoughts.

NEGATIVE THOUGHTS TRIGGER NEGATIVE FEELINGS

We used to believe that it was depression or anxiety that made people think negatively, but psychologists and psychiatrists have discovered that most people who struggle with anxious or depressed feelings first had negative, pessimistic, distorted thoughts that produced those feelings. People often have completely different reactions to the same situation. For example, John and Jack both heard their supervisor say to their production group, “We have to work harder and be more productive. Too much time is being wasted on trivial matters and we need to get focused.” John thinks, “The supervisor is trying to increase production and make us more efficient. I’d better do my part.” But Jack thinks, “The supervisor is blaming me for our low productivity numbers. I’m worried that I’m going to get fired. He never did like me.” Jack returns to work feeling depressed and anxious and his preoccupation with these negative feelings reduces his productivity. John, after hearing the same statement from the supervisor, returns to work more focused and confident that the situation can improve. The thoughts and interpretations that you make regarding a circumstance have a very strong influence on the feelings that are generated. Psychologists have identified several negative thinking patterns that are common to people who struggle with feelings of anxiety and depression. These distorted thinking patterns trigger the negative feelings and can lead to chronic states of depression and anxiety.

1. Study the following list of the types of negative thinking patterns that have been identified and defined. These distorted thinking patterns are common to people who suffer from depression, anxiety, and low self-esteem.

DISTORTED THINKING

Type	Definition	Example
Black or white	Viewing situations, people, or self as entirely bad or entirely good—nothing in between.	When Mary brought her vegetable salad to the neighborhood potluck, a hostess commented, “That’s our third salad.” Mary immediately thought, “She’s criticizing me. She doesn’t like me.”

Type	Definition	Example
Exaggerating	Making self-critical or other-critical statements that include terms like <i>never, nothing, everything, or always</i> .	Jack was accidentally overlooked when coworkers joined to make plans for lunch together. Jack thought, "They never ask me to do anything. Nobody wants me around here."
Filtering	Ignoring the positive things that occur to and around self but focusing on and accentuating the negative.	Kate had her hair cut short and styled differently. After receiving several compliments from friends and family, one person was mildly critical. Kate thought, "I knew I shouldn't have gotten it cut short. I look like a freak. People are laughing at me."
Discounting	Rejecting positive experiences as not being important or meaningful.	Tyler was complimented by his boss for his good work on a project. He thought, "Anybody could have done that. She doesn't know anything about this project and I didn't do anything special with it."
Catastrophizing	Blowing expected consequences out of proportion in a negative direction.	The teacher told Mary that her son was struggling a bit with math. Mary thought, "This is awful. Johnny is going to fail. I knew I should have worked with him more."
Judging	Being critical of self or others with a heavy emphasis on the use of <i>should have, ought to, must, have to, and should not have</i> .	Jill made a sales presentation to a client. The client was very attentive and made comments about being impressed with the product. Jill thought, "He knows I stumbled over my words. I should have been more prepared. I have to be more relaxed or no client will ever buy from me."
Mind reading	Making negative assumptions regarding other people's thoughts and motives.	Aaron inquired about a transfer to a new department. When he was told the position was already filled, he thought, "This manager never did like me. He knew I wanted that position but he just ignored me."

Type	Definition	Example
Forecasting	Predicting events will turn out badly.	Kelly just finished an important job interview. She immediately predicted that she would not get hired. "I'll never get this job. That interview was awful and I'm sure I blew it," she thought.
Feelings are facts	Because you feel a certain way, reality is seen as fitting that feeling.	Jim did not have plans for activity with any friends for the weekend. He felt lonely and inferior. He thought, "No one likes me. I have a terrible personality."
Labeling	Calling self or others a bad name when displeased with a behavior.	Joan had a disagreement with her friend about where to meet for lunch. Joan thought, "Betty is such a controller. She never listens to anyone and insists on always getting her own way."
Self-blaming	Holding self responsible for an outcome that was not completely under one's control.	Paula's friend had a minor traffic accident while she and Paula were riding to the mall. Paula thought, "This accident was my fault. I should not have been talking to Jackie while we were driving. Even though that other car hit us, I'm sure Jackie could have avoided it if I would have kept my mouth shut."

2. Apply these 11 common types of distorted thinking to your own way of thinking. List at least three examples of your own thoughts that lead you to feeling depressed and anxious. First, describe the event that prompted you to feel depressed and then describe the thoughts that promoted the bad feelings.

What Happened?

Negative Thoughts You Had

A. _____

B. _____

C. _____

D. _____

3. It is important to try to replace negative, distorted thoughts with positive, more realistic thoughts that can help you feel more happy. Refer to each of your examples listed in 2 and write a positive thought that you could have used to make you feel better.

What Happened?

Replacement Positive Thoughts

A. _____ _____ _____	_____ _____ _____
B. _____ _____ _____	_____ _____ _____
C. _____ _____ _____	_____ _____ _____
D. _____ _____ _____	_____ _____ _____

POSITIVE SELF-TALK

GOALS OF THE EXERCISE

1. Increase the frequency of positive thinking and talking about self, the world, and the future.
2. Report a positive shift in mood based on the implementation of positive self-talk.
3. Break the cycle of distorted negative cognition and replace it with more a more realistic positive view of life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Grief/Loss Unresolved
- Low Self-Esteem
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Explain to the client that our thoughts greatly influence our mood. He/she will tend to think that his/her mood dictates his/her thoughts rather than the reverse that we know is true. Help the client find positive statements to apply to his/her life if the client is unsuccessful at writing them himself/herself. Reinforce the client's daily review of the positive statements to counteract the distortions that feed the depression.

POSITIVE SELF-TALK

How soon we forget. This statement is especially true for people struggling with depression. They forget how to think positively and they forget about their worth as individuals, their contribution to society in general, and friends and family in particular. The cloud of depression blocks out the positive and distorts their vision into seeing themselves, the world, and their future as negative. This assignment is designed to help you break out of that self-defeating, unrealistic negative thinking cycle. It will take effort and focused attention to break the bad habit of distorted thinking.

1. List five positive mood-enhancing statements regarding yourself (e.g., “I am a competent person who has had successes”), the world (e.g., “Other people are basically kind and want to be helpful”), and the future (e.g., “As I increase my activity, the future looks brighter”). You must force yourself to focus in on your successes, positive traits, the goodness of people, and an optimistic view of the future. Your tendency will be to think of failures and discount or ignore successes as well as seeing the future as hopeless. In other words, you must think contrary to your natural depressive inclination and return to the realistic positive way of thinking that characterized you before bad habits got a stranglehold on your thoughts.

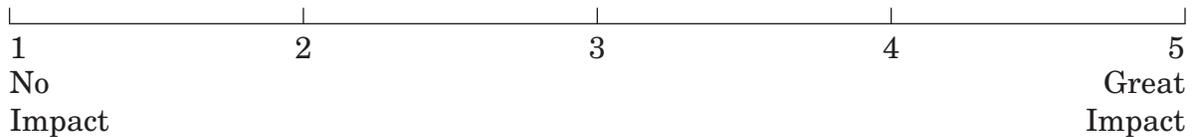
Positive View of Me

Positive View of the World

Positive View of the Future

2. Each day select one mood-enhancing thought from your lists and write it on a piece of paper to be posted somewhere in your house so that it will be easily visible (e.g., on the refrigerator, on a mirror).
3. Stand in front of a mirror each day for 3 minutes and look yourself in the eye while repeating the positive self-talk that you have written in item 1.
4. Explain the impact that the positive self-talk has had on your mood.

5. Rate the degree of improvement in your mood when you think positively versus when you think negatively.



DESCRIBE THE TRAUMA

GOALS OF THE EXERCISE

1. Break down the repression and avoidance of pain.
2. Document details of the traumatic event.
3. Describe the emotions triggered by the event.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Antisocial Behavior
- Borderline Personality
- Childhood Trauma
- Posttraumatic Stress Disorder (PTSD)
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment must be given to the client only when you are confident that the client has the strength to face his/her demons from the past. You may want to complete this exercise within the session rather than asking the client to fill this out at home between sessions. The data gathered must be processed carefully and often must be processed repeatedly to remove the emotional sting.

DESCRIBE THE TRAUMA

It is often difficult to face the painful events of the past. You may try to avoid pain by avoiding talking about, or even thinking about, such events. Some events may be difficult to recall because you have pushed them away from your conscious memory. But healing comes from facing pain in an atmosphere of acceptance. This exercise tries to lead you to face the past by detailing the events that have been painful. You may have to consult significant and trusted others to help you recall facts. But make sure that when you record any fact, it is a fact you can vouch for and not just one someone else has told you.

1. **The people involved:**

A. Who was there when you suffered the pain?

B. Who have you told about the facts of this incident?

C. Who was supportive when he/she became aware of the incident or witnessed it?

D. Who was not supportive?

E. Who was the person who was responsible for your pain and suffering?

F. Was there anyone that you believe could have helped you or protected you but did nothing?

2. **Where did the pain occur?**

A. Describe the location of the incident.

B. What time was it when the incident occurred?

C. How long did the incident last?

D. Did it recur? _____ If so, how often? _____

3. **Your reaction:**

A. How did you feel physically and emotionally before the incident occurred?

B. How did you feel physically and emotionally during the incident?

C. And how did you feel immediately after the incident?

D. How do you feel now as you process this incident?

E. How do you now feel toward the perpetrator of your pain?

4. **Others' reactions:**

A. How has the perpetrator acted since the incident?

B. Who has been supportive of you recently?

C. Who has disappointed you recently because of his/her lack of understanding?

5. Write your description of the incident in as much detail as you can.

EXERCISE XIII.A

STAYING FOCUSED ON THE PRESENT REALITY

GOALS OF THE EXERCISE

1. Reduce preoccupation with the painful past or confusion with identity.
2. Increase focus on present realities of life.
3. Keep identity focused on reality.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Cognitive Deficits
- Posttraumatic Stress Disorder (PTSD)
- Psychoticism
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

When a client becomes lost in the issues of the past or loses focus on his/her real identity, this assignment simply reinforces that real identity and present responsibilities. Recognize and reward the client's instances of here-and-now focus to behavior and thoughts.

STAYING FOCUSED ON THE PRESENT REALITY

It is easy to become preoccupied with traumas suffered in the past. But after facing these painful events of the past with openness and sharing the feelings with trusted, supportive people, it is important to not allow the feelings from the past to overwhelm you and cause you to be immobilized. You should have a present reality focus that should consume most of your energy as you take care of your day-to-day responsibilities. Just to clarify your focus on daily facets of reality for you, list the facts of your life.

1. **Just the facts:**

Your name: _____

Spouse's/Partner's name: _____

City of residence: _____

Type of work you do: _____

Employer: _____

Hours you work: _____

Children's names and ages: _____

Parents' names: _____

Siblings' names: _____

2. **Projects at home that need attention:**

3. **Things you should do with or for the kids:**

4. **Things you should do with or for your partner:**

5. **Long-range plans or goals for the future:**

A REALITY JOURNAL: FOOD, WEIGHT, THOUGHTS, AND FEELINGS

GOALS OF THE EXERCISE

1. Break down denial regarding actual food intake, weight gain, and body size.
2. Identify the distorted thoughts that are associated with eating and the feelings such negative thoughts generate.
3. Reduce the incidence of dysfunctional behaviors used to control weight.
4. Make a concrete pledge to take responsibility for a steady weight gain to be achieved through healthy eating behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- None

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The distorted perception and denial that characterize the client with an eating disorder make it difficult to establish a basis for recovery. This exercise is designed to get the client to face the facts of what and how much has been eaten and how eating sets off a cognitive chain reaction that leads to irrational fear and dysfunctional weight control behaviors (e.g., vomiting, binging, excessive exercise, laxative abuse). You will have to educate the client regarding the relationship between cognitive distortions, negative emotions, and dysfunctional coping behaviors associated with eating. For example, eating three crackers with cheese: “I am going to get fat. My tummy is bloated. I look like a fat pig.” After awareness of the destructive pattern is established, the client must be confronted with the personal responsibility to break the cycle and begin to eat normally to gain weight.

A REALITY JOURNAL: FOOD, WEIGHT, THOUGHTS, AND FEELINGS

When you are caught in the web of anorexia or bulimia, it is very easy to distort the reality of what and how much you have eaten, your actual body weight, and reasonable thoughts about food and body image. This journal form is designed to help you stay in touch with reality and not to exaggerate, promote denial, negatively forecast the future, or distort your thinking.

1. Keep a daily record of what foods you eat and the quantity. After each occasion of eating, write your thoughts about the food and yourself. Also, record your feelings connected to the food and yourself. Finally, in the last column, record the common, secret, dysfunctional coping behaviors you engaged in (such as overexercising, forced vomiting, food hoarding, laxative use, lying about eating). On a weekly basis record your weight.

WEEKLY REALITY JOURNAL			
Starting Weight: _____			
Food Consumed	Thoughts	Feelings	Secret Behavior
DAY 1			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			

Food Consumed	Thoughts	Feelings	Secret Behavior
DAY 2			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			
DAY 3			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			
DAY 4			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			

Food Consumed	Thoughts	Feelings	Secret Behavior
DAY 5			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			
DAY 6			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			
DAY 7			
Breakfast:			
Lunch:			
Dinner:			
Snacks:			

2. Hopefully, you are becoming more realistic about the fact that you have not eaten normally, your body is in need of adequate nutrition and calories, and your weight and body size are below average. Denial must be broken and distorted thoughts must be recognized in order for you to get on the road to recovery and break the cycle of treating food as your enemy. The next step is to set goals for increasing weight gradually but steadily through increased food intake (and termination of the secret dysfunctional coping behaviors of excessive exercise, vomiting, lying, and so on). On the following form, record your pledge of a minimum weight gain per week based on healthy eating behavior.

PLEDGE

I, _____ set a goal of gaining _____ per
(Name of client) (Weight amount)
week. I will eat meals on a regular schedule and eat normal portions of a balanced diet. I will not engage in secret behaviors to control my weight or calorie intake.

Witness: _____ Signed: _____

Date: _____ Date: _____

HOW FEARS CONTROL MY EATING

GOALS OF THE EXERCISE

1. Identify the fears that exist under the surface of behavior.
2. Identify how these fears control behavior.
3. Accept and implement a plan of facing fears to reduce their influence on the behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- None

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

A multitude of fears can exert a powerful influence on the client who has an eating disorder. This exercise is designed to help the client identify those fears, note how they impact his/her behavior, and commit to a plan of replacing the negative automatic thoughts associated with each fear. You will have to help the client become aware of how cognitive distortions precipitate fear and then suggest replacement thoughts that are realistic.

HOW FEARS CONTROL MY EATING

Anorexia and bulimia are behavioral problems that are based on fear. The fear may take many forms and can be caused by many distorted thoughts. For this exercise, try to identify the various fears that seem to control your eating behavior. Then focus on the most powerful fears and understand how they are controlling your behavior. Finally, to overcome your fears, you must find ways to face your fears.

1. Review the following list of fears and place a check by those that you struggle with and those that influence your eating behavior. If the list is missing one or more of your fears, add them to the list at the bottom in the blank spaces provided.

I have a fear of:

- Gaining weight.
 - Becoming obese.
 - Losing control of my eating and gorging myself.
 - Being a failure in many areas of my life.
 - Food not being available when I want it.
 - Becoming independent and living on my own.
 - Developing a sexually attractive body.
 - Not being perfect.
 - Being rejected by family and/or friends.
 - My sexual fantasies leading to impulsive sexual behavior.
 - Expressing my thoughts and feelings directly.
 - Speaking up for my rights.
 - Not having any worth apart from my appearance.
 - Becoming close and intimate with the opposite sex.
 - Someone else being in control of me.
-
-
-

2. Now list the three most powerful fears in their order of strength.
- A. _____
- B. _____
- C. _____
3. For each of the three fears listed, write about how that fear influences your behavior. What impact does it have on your life? How might it affect your eating?

Fear #1: _____

Fear #2: _____

Fear #3: _____

Most irrational fears are triggered by distorted thoughts. First, people have thoughts about a situation and then these thoughts cause an emotional reaction. Therefore, the fears are reduced or eliminated if the negative thoughts can be changed to thoughts that are more realistic, hopeful, and positive.

4. For each of the fears listed in 2, identify the thoughts that you have that are associated with each fear. For example, if you fear gaining weight, one or more of the following negative thoughts could be triggering this fear:

- I'm already too fat.
- I'm going to become fat like my mother.
- I want to look skinny like a model.
- If I start to gain, I won't be able to stop.
- I look pretty when I'm thin.
- If I eat normally, I'll get fat.
- I can't eat like most people because I'll get fat.
- The only way I can stay fit is to constantly diet.
- It is not healthy to eat regular portions.

When thoughts like these are held onto, the fear of gaining weight grows. Now write your thoughts that help to maintain or trigger each of your fears.

Fear #1: _____

Fear #2: _____

Fear #3: _____

To reduce these fears, you must replace the negative thoughts with positive, realistic thoughts. For example, for fear of gaining weight, the following realistic thoughts could replace the negative thoughts:

- I'm not fat. In fact, I'm underweight.
- I need to gain some weight.
- I can control my weight gain so it is reasonable.
- Being too skinny is not healthy or attractive.
- I will look more attractive when I gain some weight.
- A fit body needs a normal amount of calories.
- Regular portions of food provide the necessary nutrition the body requires.

When thoughts like these are held onto, the fear of normal weight gain disappears.

5. Now write positive replacement thoughts for each fear that will reduce your irrational fear. Remember, thoughts are under *your control* and they cause your feelings.

Fear #1: _____

Fear #2: _____

Fear #3: _____

MY ACADEMIC AND VOCATIONAL STRENGTHS

GOALS OF THE EXERCISE

1. Identify interests and abilities that can be capitalized on for future education and vocational training.
2. Brainstorm possibilities that could motivate the pursuit of further education.
3. Develop a plan for future education or training based on strengths.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Financial Stress
- Phase of Life Problems
- Vocational Stress

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Encourage the client to think freely or brainstorm when completing this assignment. Process the results with the goal in mind of developing a plan for future education or vocational training. Do not reinforce impulsive shifts into new directions that do not have a solid basis in education, experience, or training.

MY ACADEMIC AND VOCATIONAL STRENGTHS

We all have different talents, abilities, and interests. Some of those strengths can be assets as you look toward increasing your training and education. Many successful people have turned their talents into business ventures after they have received more training that allows them to refine and develop their skills. Use this opportunity to explore your strengths.

1. What subjects did you like in grade, middle, or high school?

2. What subjects do you like to read about?

3. In what areas have you been successful in working with your hands?

4. What abilities have others recognized in you and for which you have received compliments?

5. What business idea have you thought about pursuing and what would be the best way to prepare yourself for that business?

6. What vocational or professional dreams or fantasies have you had that may be pursued?

7. What hobbies or special interests might you develop into a vocation if you had more training or education?

8. What types of activities do you really enjoy and feel passionate about?

9. What was the most enjoyable thing you have done or the thing you did very well?

10. What are your five greatest talents, gifts, or abilities?

A. _____

B. _____

C. _____

D. _____

E. _____

11. What educational or vocational training plan could take advantage of your identified abilities or interests?

THE ADVANTAGES OF EDUCATION

GOALS OF THE EXERCISE

1. Recognize the penalties of a lack of education.
2. Explore the benefits of completing educational goals.
3. Make a commitment to pursue educational goals.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence
- Chemical Dependence—Relapse
- Financial Stress
- Vocational Stress

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment is designed to focus the client on the many different ways that life is affected by a lack of or presence of a good education. Process the client's responses to the various aspects of life that are affected by education. Seek a concrete and specific commitment to a realistic plan of action for pursuing educational goals.

THE ADVANTAGES OF EDUCATION

In the following space, explore the negative effects that have or will accumulate as a result of pursuing and completing your educational goals. Then list the benefits that can result from more education.

1. **Negative effects of a lack of education:**

Financial: _____

Self-esteem (self-pride): _____

Respect from others: _____

Types of work opportunities: _____

Degree of challenge to work opportunities: _____

Amount of time and money available for recreation: _____

2. **Positive effects of completing educational goals:**

Financial: _____

Self-esteem (self-pride): _____

Respect from others: _____

Types of work opportunities: _____

Degree of challenge to work opportunities: _____

Amount of time and money available for recreation: _____

APPLYING PROBLEM-SOLVING TO INTERPERSONAL CONFLICT

GOALS OF THE EXERCISE

1. Accept responsibility for attempting to find mutually agreeable constructive solutions to conflicts.
2. Brainstorm solutions and analyze their advantages and disadvantages.
3. Implement solutions that are designed to produce “win-win” outcomes.
4. Evaluate the implemented solution as to its degree of mutual acceptance and satisfaction.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Antisocial Behavior
- Intimate Relationship Conflicts
- Phase of Life Problems
- Vocational Stress

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Many clients need to learn problem-solving skills because they see no solution to problems other than anger, withdrawal, or aggression. This exercise is designed to help the client use classical problem-solving skills to find “win-win” solutions to conflicts with friends, family members, coworkers, spouse, or supervisor. The client may need considerable assistance in completing this assignment since the habit of using dysfunctional problem-solving approaches may be deeply engrained and learned in childhood.

APPLYING PROBLEM-SOLVING TO INTERPERSONAL CONFLICT

Getting along with others requires the ability to negotiate solutions to disagreements. All relationships have times of conflict. It is most important that disagreements not trigger immediate anger and withdrawal. A much better reaction to conflict is to seek to find a resolution to which both sides agree. This is called a “win-win” situation and results in both parties being satisfied. A conflict that leads to immediate aggression yields a “win-lose” situation and results in hurt, resentment, and anger. This exercise is designed to help you apply problem-solving skills to current conflicts in your life to produce a “win-win” result.

1. Describe a problem of conflict between yourself and the other party in as much detail as possible.

2. Brainstorm all the possible solutions to the problem that you can think of and list them on the following lines.

3. Pick two or three of the most reasonable and fair solutions from your brainstorm list and list the advantages and disadvantages of each solution.

Solution #1: _____

Advantages

Disadvantages

Solution #2: _____

Advantages

Disadvantages

Solution #3: _____

Advantages

Disadvantages

4. Select and write down the best solution option that is apparent from your advantages and disadvantages analysis.

5. Indicate when and where you will begin to implement the solution you have selected.

6. After the solution has been implemented, evaluate the outcome of this effort.

7. What changes need to be made in the conflict solution that you selected for it to be even more effective?

A STRUCTURED PARENTING PLAN

GOALS OF THE EXERCISE

1. Identify the child's behaviors that are most problematic for parents.
2. Increase parents' focus on interventions for the child's specific, targeted problem behaviors.
3. Develop parental consistency in intervening with and giving consequences for undesirable behaviors when they occur.
4. Develop specific positive reinforcements that parents can give for cooperative behaviors or negative consequences they can give for oppositional defiant behaviors.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Parenting

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Children are masters at manipulation, making parents feel inadequate and constantly on the defensive. To change this, parents must be focused on modifying their child's specific, targeted problematic behaviors in a consistent, nonreactive manner. They will need focus, guidance, and encouragement to stick to this goal. Review parents' interventions and assist them by using modeling and role playing of more effective interventions. Remember to emphasize consistency and positive reinforcement for desired behaviors.

A STRUCTURED PARENTING PLAN

To increase your effectiveness as a parent in guiding and directing your children's behavior, it is most helpful to have an organized plan. A plan provides you with a road map to help you make day-to-day decisions regarding how to respond to your children's behavior patterns. Without a plan, you tend to react rather than act and your parenting lacks consistency and direction. A plan allows you to be specific, focused, and consistent in trying to reach your behavioral goals with your children. This assignment will help you provide structure to your plan as you identify behaviors that you want to see your children increase in frequency, as well as behaviors that you would like to see them stop engaging in. The general principle that will guide you is to reinforce the positive behaviors as strongly and consistently as you can while punishing the unwanted behaviors with consequences that are immediate but short term. To be most effective as a parent, you need to stipulate as precisely as you can the behaviors that you desire to see your children engage in as well as specifying clearly the behaviors you want to see terminated.

Identify Problematic Behaviors

List *as specifically as possible* several of the problematic behaviors of your child.

Now go over the list and select three of the behaviors that are the most problematic. (It is necessary to limit your focus to maximize your effectiveness.)

1. _____
2. _____
3. _____

Describe Desired Positive Behaviors

For each of the behaviors you selected, describe the desired or expected behavior you would like to see from your child. Make the expectation as specific and as realistic as possible.

Example:

Problem: Always argues then refuses to do any reasonable request or task.

Desired behavior: Comply with request in a reasonable amount of time with minimal resistance.

	Problem	Desired Behavior
A.	_____	_____
B.	_____	_____
C.	_____	_____

Identify Rewards for Positive Behaviors

It is necessary to reward or reinforce the positive behavior when it is done by the child in a reasonable way. This is crucial if you want to see more of that behavior. Remember, the rewards do not have to be big things. (See example.) List at least three rewards for the desired behaviors you described in the previous step.

Reward Examples:

1. Thank you for doing that.
2. You sure did a nice job of cleaning up.

Desired behavior: _____

Reward 1: _____

Reward 2: _____

Reward 3: _____

Desired behavior: _____

Reward 1: _____

Reward 2: _____

Reward 3: _____

Desired behavior: _____

Reward 1: _____

Reward 2: _____

Reward 3: _____

Identify Punishments for Problem Behaviors

Now develop two or three negative consequences for each of the problem behaviors. Keep in mind that consequences are most effective when they are logical and tied as closely as possible with the behavior/offense. Also, it is best if punishments are brief in nature.

Punishment Example:

Not allowed to go anywhere or have anyone over until the request/task is done.

Problem behavior: _____

Punishment 1: _____

Punishment 2: _____

Punishment 3: _____

Problem behavior: _____

Punishment 1: _____

Punishment 2: _____

Punishment 3: _____

Problem behavior: _____

Punishment 1: _____

Punishment 2: _____

Punishment 3: _____

Rewards or punishments should be administered in a prompt manner as soon as possible after the achievement or misbehavior. It will take attention and focus to do this consistently.

Plan Ahead to Avoid Problems

To increase your effectiveness, it is helpful to anticipate and plan for possible misbehavior. This will better prepare you to intervene in a timely manner and on your terms and

make you less likely to overreact. For each of the three problem behaviors, develop a strategy for trying to make the positive behavior occur and avoid the problem behavior.

Example:

Let the child know ahead of time that you plan to ask him/her to do some thing this afternoon.

1. _____

2. _____

3. _____

FACTORS INFLUENCING NEGATIVE SEXUAL ATTITUDES

GOALS OF THE EXERCISE

1. Identify experiences that have influenced sexual attitudes, feelings, and behavior.
2. Acknowledge the influence of childhood experiences on current sexual attitudes.
3. Identify current relational factors that influence sexual attitudes.
4. Verbalize a commitment to change unhealthy attitudes about sexuality to attitudes that are more adaptive.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Intimate Relationship Conflicts
- Male Sexual Dysfunction
- Sexual Identity Confusion

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

In reviewing the client's assignment material, provide an atmosphere of acceptance and warmth that will promote openness. Ask questions that will allow the client to elaborate on painful or traumatic sexual experiences from childhood that shape her attitude about current sexual activity. Explore the current relationship with her partner to assess for underlying feelings of anger or hurt that nurture an attitude of rejection toward sexual intimacy.

FACTORS INFLUENCING NEGATIVE SEXUAL ATTITUDES

An adult's attitudes about human sexuality are shaped by many factors, some of which reach back into early childhood. Feelings of fear of and repulsion from sexual activity can be based in subtle or even traumatic experiences of early life. On the other hand, negative attitudes about sexual activity with a partner could be based on more recent dissatisfaction and unhappiness surrounding the relationship itself. This exercise is designed to help you explore your attitudes about sexuality and the possible causes for those attitudes.

1. Explain your current feelings and thoughts regarding sexual activity with your partner.

2. Looking back into your childhood experiences, describe any attitudes of hostility toward sex to which you were exposed.

3. What parental attitudes toward sexuality were displayed in front of you when you were a child growing up in your family?

4. What were your sources of information about sexuality as a young person and what did your parents tell you about sex?

5. Describe any experiences with sexual abuse that contribute to your current feelings about sex.

6. Describe the impact on your sexual attitudes of any religious training that you may have received as a child.

7. Adolescence is a time of sexual development and exploration. What experiences did you have in adolescence that shaped your current attitudes about sexuality?

8. Describe your reaction and degree of satisfaction with your earliest experiences surrounding intercourse.

9. Describe your satisfaction and degree of pleasure surrounding your earliest sexual experiences with your current partner.

10. How would you describe your satisfaction with your relationship with your current sexual partner?

11. How do your underlying feelings toward your current sexual partner affect your attitudes regarding having sex with that partner?

12. What factors do you believe have had the most powerful influence on your current negative attitudes regarding sexual activity?

13. Rate your degree of motivation to overcome your lack of desire for sexual activity.

1	2	3	4	5	6	7	
No						Highly	
Motivation						Motivated	

14. Rate your degree of confidence in your ability to overcome your resistance to normal sexual activity with your partner.

1	2	3	4	5	6	7
No						Extremely
Confidence						Confident

STUDY YOUR BODY: CLOTHED AND UNCLOTHED

GOALS OF THE EXERCISE

1. Increase the degree of acceptance of the entire body.
2. Increase the degree of comfort with nudity.
3. Identify positive aspects of your body.
4. Build a positive body image that results in a reduction of sexual inhibitions.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Eating Disorder
- Low Self-Esteem
- Sexual Identity Confusion

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This is a delicate assignment that calls for the client to study her body, beginning with being fully clothed and ending with being fully naked. The assignment asks the client to identify positive aspects of her body and to work toward becoming more comfortable and accepting of her body. Be sure to introduce this exercise with an explanation of what will be expected and answer any questions or provide reassurance about the degree of privacy required. Give permission to the client to focus on her positive physical qualities since our culture discourages boastfulness.

STUDY YOUR BODY: CLOTHED AND UNCLOTHED

A positive body image is critical to overcoming many sexual inhibitions. However, it is very typical for a person to be critical of his/her body and to focus on the flaws. Even though there is no perfect body, many people compare themselves to others and feel inadequate. It is common, however, to discover that a sexual partner focuses on his/her partner's assets or aspects that he/she finds arousing. So while a woman may be critical of her body, her lover is much more pleased with it. The goal of this exercise is to help you develop a greater degree of comfort with your body, both clothed and unclothed. Too often a negative body image leads to a consistent pattern of trying to cover the body under all circumstances. Healthy sexual freedom calls for a high degree of comfort with your own nudity. Being comfortable with yourself and who you are doesn't mean you like everything about yourself or think you are special, but instead means that you feel okay, accepting of yourself for who you are and what you look like.

1. Locate a mirror in your home where you can be alone and undisturbed for about 5 minutes each day for 5 days. Have a watch/timepiece with you to track the time. Note the time, center yourself directly in front of the mirror, and look straight into it at yourself for the time designated.

Day 1 Time: 3 minutes Focus: Study your head and face, beginning with your hair and forehead, and work down to your shoulders.

Record what you saw that you liked, what you thought, and any feelings you experienced.

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your head and face in the mirror.

Very		Quite		So So		Little		Not
------	--	-------	--	-------	--	--------	--	-----

Day 2 Time: 3 minutes Focus: Study entire body while clothed in a bathing suit.
Record what you saw that you liked, what you thought, and any feelings you experienced.

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your body in the mirror.

Very	Quite	So So	Little	Not
------	-------	-------	--------	-----

Day 3 Time: 3 minutes Focus: Study body from waist up while unclothed.
Record what you saw that you liked, what you thought, and any feelings you experienced.

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your body in the mirror.

Very	Quite	So So	Little	Not
------	-------	-------	--------	-----

Day 4 Time: 3 minutes Focus: Study body from waist down while clothed.
Record what you saw that you liked, what you thought, and any feelings you experienced.

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your body in the mirror.

Very	Quite	So So	Little	Not
------	-------	-------	--------	-----

Day 5 Time: 3 minutes Focus: Study entire body while unclothed.
Record what you saw that you liked, what you thought, and any feelings you experienced.

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your body in the mirror.

Very	Quite	So So	Little	Not
------	-------	-------	--------	-----

2. Describe how the overall experience of the exercise affected you.

What do you think you have gained from this experience?

When you look at yourself in the mirror now, how comfortable do you feel with your body?

Comfort Scale: Place an **X** on the comfort scale that reflects your level of comfort looking at your body in the mirror.

Very	Quite	So So	Little	Not

3. How important is it for you to feel comfortable with your body in order to enjoy sexual interaction?

1	2	3	4	5	6	7
Not						Very
Important						Important

4. List the assets of your body without being discounting or critical. Be bold and brag about yourself!

PLAN A BUDGET

GOALS OF THE EXERCISE

1. Itemize and identify monthly income and expense, monthly totals by category.
2. Calculate any difference between budgeted projected expense and income amounts and actual amounts for each category.
3. Make a plan to reduce differences between projected and actual amounts in order to balance the budget and reduce financial stress.
4. Make a plan to reduce expenses or increase income in order to balance the budget.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Family Conflict
- Phase of Life Problems

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Preparing a budget and tracking actual financial data takes considerable discipline that may require significant encouragement from the therapist. Review the client's figures on a regular basis to reinforce the recording of data. Make decisions about a new financial plan based on how the budget amounts are different from actual amounts. Review the client's budget as to reasonableness and completeness before he/she moves toward implementation and comparison with actual figures.

PLAN A BUDGET

Preparing a structured budget allows for the tracking of cash flow into and out of your household. It is essential to resolving financial stress that a clear understanding is developed as to where money is being spent and what changes are possible to balance income with expense. The following basic budget allows you to enter monthly income and expense amounts that are projected and then enter the actual amounts that develop and evolve through the month. The final column allows you to calculate any difference between what was projected and what actually evolved for income and expense. Perhaps you would like to make several copies of the worksheet before you begin to fill in amounts so that expenses can be tracked for several months.

1. First enter monthly budget amounts for each category and then, after these have been reviewed thoroughly, begin to enter actual amounts spent or received in a month.

Category	Monthly Budget Amount	Monthly Actual Amount	Difference
Income:			
Wages			
Bonuses			
Interest income			
Capital gains income			
Dividend income			
Miscellaneous income			
INCOME SUBTOTAL			
Expenses:			
Mortgage or rent			
Heating			
Electricity			
Water/sewer			
Trash			

Category	Monthly Budget Amount	Monthly Actual Amount	Difference
Cable TV			
Telephone			
Home repair/maintenance			
Car payments			
Car gasoline/oil			
Car repairs			
Other transportation			
Child care			
Auto insurance			
Home owner/renter's insurance			
Health insurance			
Computer expense			
Internet service provider expense			
Entertainment/recreation			
Groceries			
Household products			
Clothing			
Eating out			
Gifts/donations			
Medical/dental/vision/medications			
Hobbies			
Vacation fund			
Emergency fund			
College fund			
Retirement			
Credit card payment			
Magazines/newspapers			
Taxes			
Pets			
Miscellaneous			
EXPENSES SUBTOTAL			
NET INCOME (Income less Expenses)			

2. After reviewing the budget, what areas of expense do you feel have been out of control? Where does spending need to be cut back?

3. Can you think of ways to increase the amount of income that would help balance the budget?

4. If more than one person is living off of this budget, what agreements have been reached with the other parties as to sticking with the budget?

5. Now use your new input and track a second month. Note improvement or new areas of overspending.

CREATING A MEMORIAL COLLAGE

GOALS OF THE EXERCISE

1. Identify, clarify, and express feelings associated with the lost loved one.
2. Resolve issues of conflict related to the lost loved one.
3. Create positive memories of the lost loved one that can balance the pain of the loss.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Intimate Relationship Conflicts

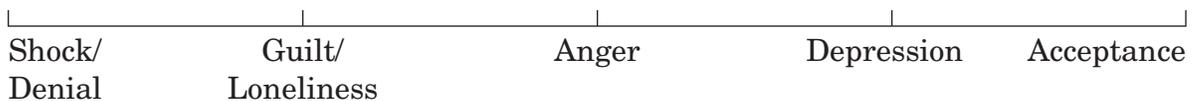
SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The processing of the collage and accompanying questions are best done in a slow-paced, reflective manner. Ask numerous questions about the collage to elicit more information and feelings from the client. You may point out themes and patterns that reflect a positive, warm connection to the lost loved one so that these good memories can be supported as a balance against the painful feelings of the client's grief. This assignment could be used for loss associated with death or loss associated with the breakup of a significant relationship.

CREATING A MEMORIAL COLLAGE

To begin to balance the pain of your loss with pleasurable memories, you need to start uncovering and remembering the warm and special things about that person so you can hold on to those key memories. By completing the collage, you can begin to find that balance. To help yourself work through the stages of grief, complete the following exercises.

1. Use an **X** to indicate where you are now in working through the grief cycle (you can use more than one **X**.)



2. Create a collage.
 - A. Obtain a poster board 24 inches by 36 inches.
 - B. Carefully search through family photos and select those of your lost loved one that are meaningful to you.
 - C. Next look in magazines/newspapers and cut out words, phrases, and other pictures that reflect your feelings about the lost loved one.
 - D. Arrange the pictures and words/phrases and secure them on the poster board in any way you feel best expresses your feelings.

3. When you have completed your collage, respond to the following:

- A. Explain briefly the pictures you chose and which two have greatest significance for you. _____

- B. Explain the reasons for the words/phrases you chose. _____

- C. Looking over the collage you've created, what does it say to you about the person and your feelings? _____

D. Do the pictures bring back any of the following feelings? (Circle any that apply.)

- | | | |
|-------|----------------|--------------|
| Anger | Disappointment | Other: _____ |
| Hurt | Abandonment | Other: _____ |
| Guilt | Regret | |
| Worry | Rejection | |

Explain: _____

E. Does looking at the pictures bring to the surface any thoughts of regret about things you wish you had said or done or things you wish you had *not* said or done? List them.

F. Do the pictures bring back any of the following feelings? (Circle any that apply.)

- | | | |
|--------------|-------------|--------------|
| Joy | Love | Other: _____ |
| Gratitude | Empowerment | Other: _____ |
| Satisfaction | Amazement | |
| Peace | Forgiveness | |

Explain: _____

DEAR _____: A LETTER TO A LOST LOVED ONE

GOALS OF THE EXERCISE

1. Express feelings connected with the loss of a loved one.
2. Clarify thoughts, feelings, and experiences surrounding the lost loved one.
3. Begin a healthy grieving process for the loss of a significant other.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Intimate Relationship Conflicts
- Phase of Life Problems
- Vocational Stress

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Traumatic loss can take many forms: death of a loved one, loss of a job, divorce from a loved one, breakup of a significant relationship, loss of a friend, loss of a significant other to a debilitating medical condition, and so on. This letter can be appropriately written and adapted to any of these types of loss as the feelings of grief attached to these losses are similar in many respects. The client is first asked to respond to a series of questions before actually writing the letter to the lost loved one. These questions are designed to help organize his/her thoughts and clarify his/her feelings. After the client responds to the questions, he/she can then begin writing the actual letter. Instruct the client to bring the letter to the following therapy session for processing. It may be helpful to ask the client to read the letter to you to allow for more expression of affect. Allow the client to elaborate on any of the aspects of the letter that you feel are important and tied to unresolved grief issues.

DEAR _____: A LETTER TO A LOST LOVED ONE

Writing letters can be a way to help you identify and express your thoughts and feelings. This is especially true when you need to work through your feelings surrounding the loss of an important person in your life. In this homework assignment, you are asked to write a letter to the lost loved one to help you identify and express your own feelings about the significant loss in your life.

1. First, find a quiet or relaxing place where you can write the letter. This will help you concentrate on writing down your thoughts and feelings without distractions. Perhaps you can write the letter in a quiet room in your house, at the library, or in a favorite outdoor place such as a park or beach.
2. Respond to the following questions designed to help you organize your thoughts and feelings before you begin to actually write the letter. You may find that some of these questions do not apply to you; therefore, leave those items blank. Space is also provided for you to express any additional thoughts or feelings that you may want to include in your letter. Feel free to write down whatever thoughts come into your mind at this stage in the assignment. You can decide later as to whether you want to include these thoughts in your final letter.
 - A. What thoughts and feelings did you experience when you learned of the loss of your loved one?

- B. What are some of the positive things you miss about your loved one?

- C. What are some of the hurts, problems, or disappointments that you had in your relationship with your loved one?

D. It is not uncommon to experience guilt or remorse about not having said or done something with a person before the relationship ended. What, if anything, do you wish you could have said or done?

E. Do you feel that the loss of your loved one was in any way your fault? If so, please describe why you feel responsible.

F. Are you sorry about some of the things that happened between you and your loved one? Describe.

G. How has the death of your loved one affected your present life?

H. What are some of the important events that have occurred since the loss of your loved one that you would have liked to have shared with him/her?

I. What fond memories of your loved one do you cherish?

J. How do you feel about your loved one today?

K. How would your loved one want you to live your life now?

IMPULSIVE BEHAVIOR JOURNAL

GOALS OF THE EXERCISE

1. Increase awareness of impulsive behaviors.
2. Identify thoughts, feelings, or circumstances that may trigger impulsive behavior.
3. Clarify the consequences of impulsive behavior.
4. Acknowledge that impulsive behavior leads to negative consequences for self and others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Attention-Deficit Disorder (ADD)—Adult
- Borderline Personality
- Chemical Dependence
- Chemical Dependence—Relapse
- Financial Stress
- Legal Conflicts
- Mania or Hypomania
- Type A Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

You may need to review the details of this assignment to help the client better understand what the homework calls for. The client may tend toward minimization and/or may be out of touch with his/her feelings. Examine the completed journal material for unrealistic, distorted thoughts that trigger feelings and actions of an impulsive nature. Use cognitive change techniques to counteract these distorted thoughts and replace them with more realistic cognitions. Reinforce all verbalizations of acceptance of responsibility for negative consequences related to impulsive actions.

IMPULSIVE BEHAVIOR JOURNAL

It is sometimes difficult to become aware of our own patterns of behavior, the triggers for those behaviors, and the results of those behaviors. We tend to be blind to our own behavior patterns and their results. Often other people have to confront us with our behavior and the painful consequences caused by our actions. We tend to minimize the negative consequences and to highlight the positive results that we see. This exercise is designed to increase your awareness of your own behavior patterns related to impulsive actions and their results. You will need to tune in to your own thoughts and feelings as well as be vigilant about the consequences of your actions.

1. Please enter information regarding seven incidents in which you acted impulsively. You may want to select one incident per day over the next week. For each incident enter the Day/Date/Time that the incident occurred. Describe where you were when the incident occurred (Place). Describe what was going on around you prior to your impulsive action (Situation). Next, describe what you were thinking and what your emotions were (Thoughts and Feelings). Then describe the behavior that you engaged in that was done without thoroughly thinking it through (Impulsive Act). Finally, describe what you saw as the consequences of your behavior (Result). Repeat the entry of this data for the seven impulsive behavior incidents.

IMPULSIVE BEHAVIOR JOURNAL

Entry 1 Day/Date and Time: <hr/>	Place	<hr/> <hr/>
	Situation	<hr/> <hr/>
	Thoughts	<hr/> <hr/> <hr/>
	Feelings	<hr/> <hr/> <hr/>
	Impulsive Act	<hr/> <hr/> <hr/>
	Result	<hr/> <hr/> <hr/>

Entry 2 Day/Date and Time: <hr/>	Place	<hr/> <hr/>
	Situation	<hr/> <hr/>
	Thoughts	<hr/> <hr/> <hr/>
	Feelings	<hr/> <hr/> <hr/>
	Impulsive Act	<hr/> <hr/> <hr/>
	Result	<hr/> <hr/> <hr/>

Entry 3 Day/Date and Time: _____ _____	Place	_____ _____
	Situation	_____ _____
	Thoughts	_____ _____ _____
	Feelings	_____ _____
	Impulsive Act	_____ _____
	Result	_____ _____

Entry 4 Day/Date and Time: _____ _____	Place	_____ _____
	Situation	_____ _____
	Thoughts	_____ _____ _____
	Feelings	_____ _____
	Impulsive Act	_____ _____
	Result	_____ _____

Entry 5 Day/Date and Time: _____ _____	Place	_____
	Situation	_____
	Thoughts	_____
	Feelings	_____
	Impulsive Act	_____
	Result	_____

Entry 6 Day/Date and Time: _____ _____	Place	_____
	Situation	_____
	Thoughts	_____
	Feelings	_____
	Impulsive Act	_____
	Result	_____

Entry 7 Day/Date and Time: _____ _____	Place	_____
	Situation	_____
	Thoughts	_____
	Feelings	_____
	Impulsive Act	_____
	Result	_____

2. List the results of your impulsive actions (e.g., made me feel better, reduced my anger, got back at somebody, felt more relaxed afterwards).

3. List all of the negative consequences that have occurred because of your impulsive behavior (e.g., loss of money, embarrassment to self or others, injury to self or others, broken promises, lost friendships).

4. As you review your impulsive behavior, what triggers for these actions can you identify (e.g., thoughts or feelings, a particular situation, a person or place)?

5. What connection do you see between your impulsive behavior and the painful consequences for yourself or others?

HOW CAN WE MEET EACH OTHER'S NEEDS AND DESIRES?

GOALS OF THE EXERCISE

1. Identify needs of both partner and self that are expected to be met within the relationship.
2. Identify means to meet each other's needs and desires.
3. Focus energy on meeting the partner's needs and desires rather than exclusively focusing on getting your own needs met.
4. Increase the frequency of participating in mutually enjoyable activities.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Dependency
- Female Sexual Dysfunction
- Male Sexual Dysfunction

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment has two parts—one to be completed by each of the partners within the relationship. It is recommended that each partner complete the homework independently and bring the results back for sharing and processing within a conjoint session. Take the opportunity to teach both partners the key concept that mutually satisfying relationships necessitate each partner being willing at times to sacrifice his/her own needs and desires and choose to meet the needs and desires of the partner. Also teach the partners that each of them should take personal responsibility for reasonable satisfaction of some needs outside of the relationship.

HOW CAN WE MEET EACH OTHER'S NEEDS AND DESIRES?

GENERAL INTRODUCTION FOR BOTH PARTNERS

A successful and healthy intimate relationship requires that each partner invest some of his/her time and energy into satisfying the needs and desires of his/her partner. When relational needs are not being met satisfactorily, the relationship is in serious trouble and eventually may break. However, all needs cannot be met by one partner. Each must take some responsibility for satisfying needs apart from the relationship. This exercise helps you identify and clarify your needs as well as the needs of your partner.

Partner 1 Perspective

1. List the needs and desires that you expect the relationship to meet.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
2. List your partner's needs and desires (as you understand them) that he/she expects the relationship to meet.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
3. List what you are willing to do to meet your partner's needs and desires.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

4. List what you expect your partner to do to meet your needs and desires.
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
5. How have you let your partner down in meeting his/her needs and desires?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
6. How has your partner let you down in not meeting your needs and desires?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
7. What could you do to get some of your needs met outside of the relationship, by yourself or with the help of others?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
8. Describe three times in which you feel that you have sacrificed your own needs and desires to meet the needs and desires of your partner instead.
- A. _____
 - B. _____
 - C. _____
9. List at least three enjoyable and rewarding activities that you feel would help you and your partner satisfy each other's need for social contact.
- A. _____
 - B. _____
 - C. _____

Partner 2 Perspective

1. List the needs and desires that you expect the relationship to meet.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

2. List your partner's needs and desires (as you understand them) that he/she expects the relationship to meet.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

3. List what you are willing to do to meet your partner's needs and desires.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

4. List what you expect your partner to do to meet your needs and desires.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

5. How have you let your partner down in meeting his/her needs and desires?
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

6. How has your partner let you down in not meeting your needs and desires?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
7. What could you do to get some of your needs met outside of the relationship, by yourself or with the help of others?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
8. Describe three times in which you feel that you have sacrificed your own needs and desires to meet the needs and desires of your partner instead.
- A. _____
 - B. _____
 - C. _____
9. List at least three enjoyable and rewarding activities that you feel would help you and your partner satisfy each other's need for social contact.
- A. _____
 - B. _____
 - C. _____

POSITIVE AND NEGATIVE CONTRIBUTIONS TO THE RELATIONSHIP: MINE AND YOURS

GOALS OF THE EXERCISE

1. Each partner identifies the positive things he/she and the partner contribute to the relationship.
2. Each partner identifies changes he/she and the partner should make to improve the relationship.
3. Establish a balanced perspective on the relationship rather than focusing on partner's negatives.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Female Sexual Dysfunction
- Male Sexual Dysfunction

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise has a separate page to be filled out by each of the partners in the relationship. Ask each partner to complete the exercise independently and to bring it to a subsequent conjoint session. Review each partner's list and attempt to clarify the language and to put the changes requested in positive terms. Clients generally indicate what they would like not to happen rather than what they would like to happen. Ask each client for a commitment to work on making the changes that are called for in his/her own behavior.

POSITIVE AND NEGATIVE CONTRIBUTIONS TO THE RELATIONSHIP: MINE AND YOURS

GENERAL INTRODUCTION FOR BOTH PARTNERS

When conflicts predominate in a relationship, an exaggerated focus gets placed on the negative aspects of the partner. Defenses keep us from evaluating our own contributions to the conflict and from noticing the positive things that the partner does to enhance the relationship. We become so focused on the negative aspects and primarily see the partner as the cause of the failure of the relationship. This assignment attempts to put things in perspective by asking each partner to take an honest look at himself/herself as well as evaluating the partner's contribution to conflict. Additional balance is sought by attempting to have each partner list the positive things that are brought to the relationship by each partner.

Partner 1 List

Complete each of the following four lists. In the first list, itemize those things that you do that contribute positively to the relationship. In the second list, itemize those things that your partner does that enhance the relationship. Third, list the things that you need to do to improve the relationship and make it stronger. Finally (and this is always the easiest part), list the things that you believe your partner needs to do to make the relationship better.

1. What I do to enhance the relationship:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

2. What does my partner do to enhance the relationship?

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

3. Things I need to do to improve the relationship:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

4. What does my partner need to do to make the relationship better?

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Partner 2 List

Complete each of the following four lists. In the first list, itemize those things that you do that contribute positively to the relationship. In the second list, itemize those things that your partner does that enhance the relationship. Third, list the things that you need to do to improve the relationship and make it stronger. Finally (and this is always the easiest part), list the things that you believe your partner needs to do to make the relationship better.

1. What I do to enhance the relationship:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

2. What does my partner do to enhance the relationship?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
3. Things I need to do to improve the relationship:
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
4. What does my partner need to do to make the relationship better?
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

ACCEPT RESPONSIBILITY FOR ILLEGAL BEHAVIOR

GOALS OF THE EXERCISE

1. Describe the behavior that led to current legal conflicts.
2. Accept responsibility for the steps leading to the illegal behavior, as well as the behavior itself.
3. Acknowledge the harm that the illegal behavior caused to others.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Antisocial Behavior
- Impulse Control Disorder

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Be alert to the client's attempts to project blame onto others for his/her illegal behavior. Try to highlight the series of decisions that were made that eventually led to the illegal activity. Reinforce acceptance of full responsibility for decisions and actions.

ACCEPT RESPONSIBILITY FOR ILLEGAL BEHAVIOR

When a change in behavior pattern is necessary, the first step to be taken is to accept responsibility for the actions taken previously. Therefore, this assignment is directed toward having you honestly and completely acknowledge what you did that was illegal, who was hurt by your behavior, and what decisions led to this choice of activity on your part.

1. Describe in detail the illegal behavior that you engaged in.

2. List who was harmed by your behavior and how they were affected.

Who

Harmful Effect

Who	Harmful Effect
<hr/>	<hr/>

CROOKED THINKING LEADS TO CROOKED BEHAVIOR

GOALS OF THE EXERCISE

1. Identify thoughts that trigger illegal behavior.
2. Create and implement positive thoughts that promote prosocial behavior.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Antisocial Behavior

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client may need assistance in working through this assignment. Explore his/her distorted thoughts that foster illegal behavior by reviewing past behavior and the thought process or basic beliefs that preceded the behavior. Help the client develop prosocial thoughts that foster adaptive, legal behavior choices.

CROOKED THINKING LEADS TO CROOKED BEHAVIOR

People take action based on thoughts that precede that action. These thoughts often serve to justify illegal behavior even when the thinking pattern is distorted and based in unreasonable beliefs. Use this assignment to identify your thinking pattern or beliefs that foster your engagement in illegal behavior.

1. Check off your distorted or unrealistic thoughts that foster breaking the law. Add your own thoughts if they are not listed.

I have to take things into my own hands to get what I want, regardless if it is illegal to do so.

I deserve to take what I want.

Other people get away with breaking the law; I should be able to do it, too.

The police are just out to get me.

If I get away without getting arrested, then the action was okay.

I don't have any choice; this action is my only alternative.

I *had* to do this to get out of a jam.

When I am drunk or high, I do crazy things that I'm not responsible for.

Life is not fair to me, so I have to break the law just to get by.

If I don't break the law, I will not fit in or get accepted.

2. Replacing thoughts that trigger illegal behavior is hard work. You must catch yourself thinking the trigger thoughts and then talk to yourself in a more positive, pro-social, realistic manner. Focus on two of your trigger thoughts from the previous section and write several positive thoughts to replace the distorted ones.

Trigger Thought: _____

Positive Replacement Thoughts: _____

Trigger Thought: _____

Positive Replacement Thoughts: _____

ACKNOWLEDGING MY STRENGTHS

GOALS OF THE EXERCISE

1. Identify individual accomplishments, traits, and skills.
2. Practice repeating positive self-descriptive statements to build self-esteem.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Mania or Hypomania
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients with low self-esteem often discount or minimize their accomplishments, positive traits, and skills. Encourage them to include all of these in their completion of this assignment. The concept of accomplishments should be processed to expand the client's scope to include *all* the things he/she does well every day and not to just consider major accomplishments. Also encourage the client to overcome his/her resistance to saying good things about himself/herself in the mirror exercise part of the assignment. While processing the results of the homework with the client, reinforce all signs that the client is showing integration of his/her positive accomplishments, traits, and skills into his/her concept of self.

ACKNOWLEDGING MY STRENGTHS

When we view ourselves as loveable, valuable, and capable, then we are recognizing key things about ourselves that add to our self-esteem. Completing the exercise that follows will help you recognize your personal traits, skills, and accomplishments.

- Over the next week, identify three positive things you accomplish each day (e.g., cooked a good meal, found a job, cheered up a friend).

Day 1

A. _____
 B. _____
 C. _____

Day 2

A. _____
 B. _____
 C. _____

Day 3

A. _____
 B. _____
 C. _____

Day 4

A. _____
 B. _____
 C. _____

Day 5

A. _____
 B. _____
 C. _____

Day 6

A. _____
 B. _____
 C. _____

Day 7

A. _____
 B. _____
 C. _____

- List five personal traits that you value about yourself (e.g., friendly, trustworthy, accepting). Then ask friends, family, and others for five more.

My List

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

Others' List

A. _____
 B. _____
 C. _____
 D. _____
 E. _____

3. Now list five skills that you believe you have (e.g., play piano, can fix things, good housekeeper).

A. _____

B. _____

C. _____

D. _____

E. _____

4. Reviewing the three areas of accomplishments, traits, and skills, what do you believe are your most valuable assets?

5. Write each of your 15 positive skills and traits on a 3×5 card and post them around your home so that you are reminded of them regularly.

6. Take three cards with positive skills or traits written on them and stand in front of a mirror. Look yourself in the eye while repeating the statements, "I am _____" (filling in one of your positive qualities). Repeat this mirror exercise for 2 minutes each day for a week. Rate how comfortable you were with saying good things about yourself.

1	2	3	4	5	6	7	
Very							Very
Uncomfortable							Comfortable

7. Rate how your self-esteem has grown after completing this exercise for 1 week.

1	2	3	4	5	6	7	
No							Maximum
Growth							Growth

REPLACING FEARS WITH POSITIVE MESSAGES

GOALS OF THE EXERCISE

1. Identify fearful thoughts that foster low self-esteem.
2. Identify coping techniques to resist the impact of fear on behavior.
3. Implement affirming self-talk that can be used to build self-esteem.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Dependency
- Depression
- Panic
- Sexual Abuse
- Social Discomfort
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

It may be helpful to review the list of coping techniques that are presented in the exercise prior to asking the client to complete the homework. You may elaborate on some of these techniques and answer any questions that might arise. Upon completion of the exercise, you may focus on teaching the details of some of the anxiety-reduction coping techniques that are mentioned and/or selected by the client. You may also have to help the client in the development of ways that he/she can keep positive affirmation statements in mind. Continue to reinforce the client's use of these positive statements to cope with his/her slide back into low self-esteem thought patterns.

REPLACING FEARS WITH POSITIVE MESSAGES

It is very important after you start feeling good about yourself that you work to maintain that attitude. To do this, you need to be prepared to terminate the negative/fearful thoughts that can set you back and, at the same time, you need to keep supportive thoughts at the forefront of your mind. The exercise that follows will help you develop ways to address these factors and maintain your esteem.

1. Negative and fearful thoughts can undermine self-esteem by holding people back from doing things.

- A. Circle the fearful thoughts that you have.

Making a mistake	Being left out or behind
Failing at something	Others getting mad at me
Being criticized	Not being liked
Going crazy	Others seeing me in a panic
Saying/doing something stupid	Others seeing me as unattractive
Others thinking I'm bad	Others hurting my feelings
Having a heart attack	Getting fired at work

Add your own fearful thoughts to the list.

- B. Now select from the fearful thoughts you circled the two thoughts that you have most frequently. List them here and then answer the following questions.

- 1) First fearful thought:

What is the worst that could happen if the feared event actually occurred?

Review the following list of coping techniques and put an **X** next to two that you believe could help you overcome your fear.

- Do a reality check with self or others.
- Replace fearful thought with a positive, realistic thought.
- Share the fear with others to get reassurance.
- Affirm your own ability to cope using positive self-talk.
- Distract yourself with a pleasurable activity.
- Use relaxation exercises to reduce tension.
- Accept the fear and forge ahead with action.
- Engage in aerobic exercise.
- Visualize yourself as being successful at the feared task.
- Withdraw from the feared situation temporarily, and then return to it.
- Gradually face the feared situation until the fear is overcome.
- Use problem-solving skills to address the feared situation.
- Implement assertiveness skills to address the feared situation.
- Reward yourself for facing the feared situation.

Describe why you think the two techniques you selected will help you and how you will apply those techniques to your life.

Technique one:

Technique two:

2) Second fearful thought:

What is the worst that could happen if the feared event actually occurred?

Review the list of coping techniques again and put an **X** next to two that you believe could help you overcome this second fear.

Describe why you think the two techniques you selected will help you and how you will apply those techniques to your life.

Technique one:

Technique two:

2. As a way of maintaining our self-esteem, it is important to keep in mind certain important thoughts.

A. Circle the affirmations that you most need to remember.

- | | |
|--------------------------------------|-------------------------------|
| God doesn't make junk. | I expect good things. |
| I like myself. | I am a good person. |
| Mistakes are learning opportunities. | I have things to offer. |
| I know I can do it. | I can trust myself. |
| I am loveable. | I feel good about me. |
| I can make good decisions. | I value myself. |
| No one is perfect. | I can say no. |
| I can affirm myself and others. | I can be a friend to someone. |
| I can deal with my fears. | I don't have to be perfect. |
| I can learn how. | I can grow and change. |
| With God all things are possible. | I am a child of God. |
| With God I can let go of fear. | With God I can face anything. |
| I can forgive others. | With God I'm never alone. |
| I can find strength in God's spirit. | I respect myself and others. |
| Others do like me. | My family loves me. |

- B. Now develop three ways you can keep these thoughts at the front of your mind (e.g., write two or three thoughts on a note card, carry the card with you, and read it four times during your day).

1) _____

2) _____

3) _____

3. Evaluate your progress over the next 2 weeks in each of these three areas.

A. Stopping fearful thoughts

Week 1 (circle):	Great	Good	Okay	Poor
------------------	-------	------	------	------

Comment: _____

Week 2 (circle):	Great	Good	Okay	Poor
------------------	-------	------	------	------

Comment: _____

B. Daily affirmations

Week 1 (circle):	Great	Good	Okay	Poor
------------------	-------	------	------	------

Comment: _____

Week 2 (circle):	Great	Good	Okay	Poor
------------------	-------	------	------	------

Comment: _____

JOURNALING THE RESPONSE TO NONDEMAND, SEXUAL PLEASURING (SENSATE FOCUS)

GOALS OF THE EXERCISE

1. Participate in nondemand, sexual pleasuring exercises.
2. Record thoughts and feelings generated by the sexual pleasuring exercise.
3. Share and process thoughts and feelings associated with each step in the sexual pleasuring activities.
4. Experience decreased inhibition and performance anxiety and increased sexual arousal and sexual pleasure.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Female Sexual Dysfunction

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment requires that you provide the client with some direction in locating material on sexual pleasuring exercises that are fairly standard for treating such things as hypoactive sexual desire or high anxiety associated with sexual performance. You may give directions for sexual pleasuring within the session or direct the client to read material that contains a description of nondemand, sexual pleasuring. Two books are referred to within the directions for the client, but you may suggest others. The power of the sexual pleasuring exercise increases dramatically as the partners learn to share their thoughts and feelings regarding their sexual interplay. This exercise provides some structure to allow partners to describe their thoughts and feelings and then to return to a conjoint session to process this information. You may also encourage them to share thoughts and feelings freely during the sensate focus experience itself. The form for journaling must be copied so that each partner can have his/her own form to complete.

JOURNALING THE RESPONSE TO NONDEMAND, SEXUAL PLEASURING (SENSATE FOCUS)

This exercise is designed to help you describe your thoughts and feelings that are associated with participation in a nondemand, sexual pleasuring activity often called “sensate focus.” Rather than describe all of the aspects of nondemand, sexual pleasuring exercising, you are referred to books on human sexuality that describe this standard approach to sexual interaction that is designed to reduce inhibition, desensitize sexual aversion, increase arousal, and enhance sexual pleasure. Many books on human sexuality contain a description of this type of sexual exercise (e.g., *Rekindling Desire: A Step-by-Step Program to Help Low-Sex and No-Sex Marriages* by McCarthy and McCarthy [Brunner-Routledge, 2003] or *Resurrecting Sex—Resolving Sexual Problems and Rejuvenating Your Relationship* by Schnarach [HarperCollins, 2002]). Your therapist may want to suggest a specific resource book for you to consult to obtain the specifics of a nondemand, sexual pleasuring exercise.

One of the most important aspects of engaging in the nondemand, sexual pleasuring exercise is processing the feelings that are generated by the exercise and sharing them openly with your partner. After you have agreed on how to implement the sexual pleasuring exercise and established a schedule for doing so, record the steps that you will be taking together under Question 1 on this form. As you implement each step of the exercise, each partner should complete the questions independently and bring the form back to a conjoint counseling session for review and processing.

1. Outline the five or six steps that you will implement in a nondemand, sexual pleasuring exercise often referred to as “sensate focus.” (**Partners complete this section together.**)

- A. _____

- B. _____

- C. _____

- D. _____

E. _____

F. _____

Journal of Thoughts and Feelings

Step 1: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

Toward your partner: _____

3. What was the best aspect of the exercise?

4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.

1 2 3 4 5 6 7

None

Very
High

7. How ready are you to move to the next step in the pleasuring sequence?

1 2 3 4 5 6 7

Not
Ready

Very
Ready

Step 2: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

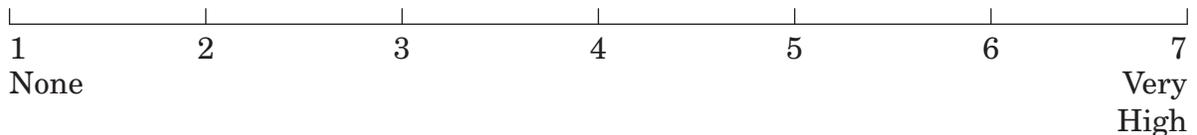
Toward your partner: _____

3. What was the best aspect of the exercise?

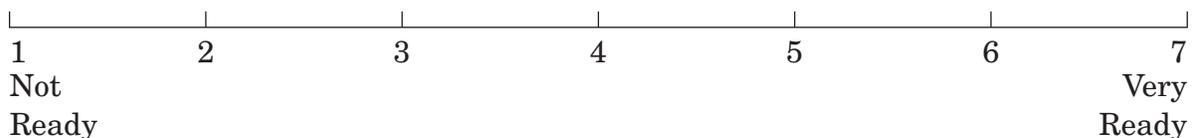
4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.



7. How ready are you to move to the next step in the pleasuring sequence?



Step 3: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

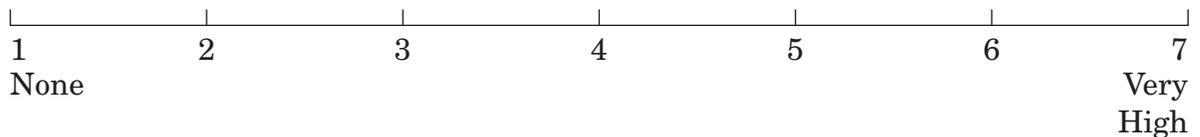
Toward your partner: _____

3. What was the best aspect of the exercise?

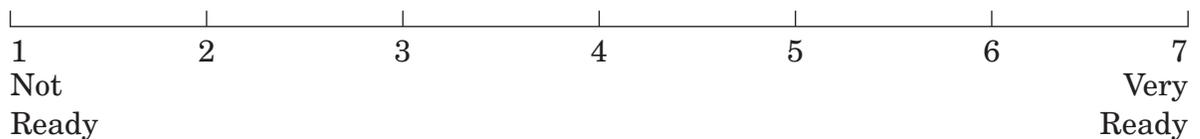
4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.



7. How ready are you to move to the next step in the pleasuring sequence?



Step 4: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

Toward your partner: _____

3. What was the best aspect of the exercise?

4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.

1	2	3	4	5	6	7
None						Very High

7. How ready are you to move to the next step in the pleasuring sequence?

1	2	3	4	5	6	7
Not Ready						Very Ready

Step 5: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

Toward your partner: _____

3. What was the best aspect of the exercise?

4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.

1	2	3	4	5	6	7	
None							Very High

7. How ready are you to move to the next step in the pleasuring sequence?

1	2	3	4	5	6	7	
Not Ready							Very Ready

Step 6: Date(s) implemented: _____

1. Describe your thoughts and feelings before the exercise began.

Toward the exercise: _____

Toward your partner: _____

2. Describe your thoughts and feelings during the exercise.

Toward the exercise: _____

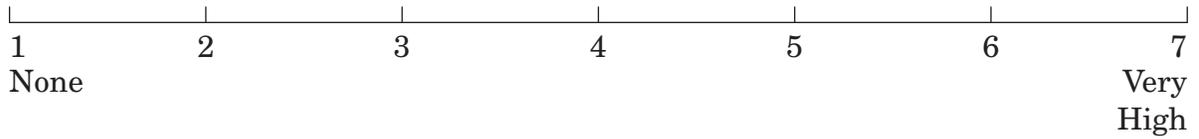
Toward your partner: _____

3. What was the best aspect of the exercise?

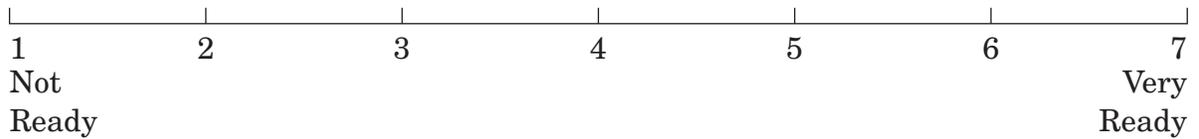
4. What would have made the exercise experience better?

5. What benefit did you get from this step of the pleasuring exercise?

6. Rate your degree of sexual arousal during this exercise.



7. How ready are you to move to the next step in the pleasuring sequence?



RECOGNIZING THE NEGATIVE CONSEQUENCES OF IMPULSIVE BEHAVIOR

GOALS OF THE EXERCISE

1. Identify impulsive behavior as distinct from more reasoned, thoughtful behavior.
2. Understand that impulsive behavior has costly negative consequences for yourself and others.
3. Review own behavior and see the impulsive actions and their negative consequences.
4. Think of more reasonable alternative replacement behaviors for those impulsive actions.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Attention-Deficit Disorder (ADD)—Adult
- Borderline Personality
- Chemical Dependence
- Chemical Dependence—Relapse
- Impulse Control Disorder

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Impulsive behaviors are much more easily recognized by others than by the clients with impulse control problems. They think their behavior is normal and typical. You must try to sensitize them to their pattern of acting before thinking of the consequences. Review this homework with clients slowly, allowing time to process each scene they have described. They will want to quickly dismiss each item and move on to the next. That impulsive action is just the problem you are focusing on.

RECOGNIZING THE NEGATIVE CONSEQUENCES OF IMPULSIVE BEHAVIOR

This exercise is meant to help you think before you act so that you end up with better results. Read the two behavior descriptions for each number and then circle the number of the one that shows a lack of proper control.

Which One Is Impulsive?

- | | |
|---|---|
| 1. Buying the first CD that you think you might like. | 1. Looking at all the CDs before selecting the best one. |
| 2. Sitting quietly in a group situation, listening to the person who is speaking. | 2. Blurting out some thought that occurs to you and interrupting the group process. |
| 3. Waiting your turn patiently at McDonalds. | 3. Complaining loudly about waiting in line and trying to get ahead of others. |
| 4. Grabbing the first piece of clothing to wear in the morning. | 4. Selecting clothes that match and fit the situation. |
| 5. Blurting out what you think is an answer to a question. | 5. Thinking for a second or two before speaking. |
| 6. Keeping some money for savings. | 6. Spending any and all money as soon as you have it. |
| 7. Waiting for a friend to stop talking before speaking. | 7. Butting into a conversation between two friends, interrupting them. |
| 8. Jumping to a new task before another task is finished. | 8. Complete one task before starting another. |

- | | |
|---|---|
| <p>9. Start watching one TV program and then switch to another and another before any are over.</p> <hr/> | <p>9. Watch a TV program until it is completed, then choose another.</p> <hr/> |
| <p>10. When given direction by a coworker or supervisor, get angry and yell back at him/her.</p> <hr/> | <p>10. When given direction by a coworker or supervisor, accept the comment and comply.</p> <hr/> |

Now return to each of the preceding 10 behaviors and below write out what you think the *bad consequence* or result of the behavior of acting without first thinking about the consequences is for each one. (We did the first one for you.)

Impulsive Behavior Leads to Bad Consequences

1. You end up with several CDs that you really did not want after you hear others that you like better.
2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Pick 4 out of the 10 behaviors described previously and write out a *similar scene from your own life* when *you* have been impulsive. Use names and places with which you are familiar.

My Impulsive Behaviors

1. _____

2. _____

3. _____

4. _____

Now describe the *bad results of your four impulsive actions.*

My Bad Consequences

1. _____

2. _____

3. _____

4. _____

Finally, look at your four impulsive actions and write out a more *calm, reasonable, considerate, polite, thoughtful way that you could have acted* that would have brought better results.

Good Behavior Choices

1. _____

2. _____

3. _____

4. _____

WHAT ARE MY GOOD QUALITIES?

GOALS OF THE EXERCISE

1. Increase genuine self-esteem through identification of positive character and personality traits.
2. Reduce braggadocio, self-disparagement, or self-destructive escape behaviors through the realistic identification of strengths and assets.
3. Decrease the fear of inadequacy that underlies exaggerated claims of ability or social withdrawal and refusal to try new things.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence
- Chemical Dependence—Relapse
- Depression
- Low Self-Esteem
- Sexual Abuse
- Social Discomfort

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients often have a distorted perception of themselves and the world that causes them to see only negative traits and remember only failures. For the manic patient, this underlying core of feeling inadequate is covered with a veneer of exaggerated confidence and willfulness. Genuine self-esteem must be built through realistic self-assessment bolstered by others' support.

WHAT ARE MY GOOD QUALITIES?

Often we are quick to mention our faults and overlook our good qualities. It is now time for you to pay special attention to what is *good* about you—focus on the aspects of your personality that make you *uniquely a good person*. Look at yourself in an honest and realistic way. You should not try to be polite and deny your strengths, but also you should not have to exaggerate to make up for not feeling good enough to be accepted by others.

1. Find the words that apply to you in the following list of nice things people say about other good people. Circle all those that describe you.

Appreciative	Reliable	Friendly
Humble	Thoughtful	Wise
Creative	Warm	Thorough
Kind	Faithful	Independent
Sensitive	Articulate	Leader
Responsible	Open	Pleasant
Considerate	Communicative	Tolerant
Punctual	Spiritual	Energetic
Attractive	Loving	Includes others
Hard-working	Trustworthy	Physically fit
Intelligent	Reasonable	Conscientious
Sociable	Wide interests	Moral
Decision maker	Easy going	Humorous
Loyal	Mechanical	Talented
Ethical	Honest	Athletic
Musical	Organized	Artistic
Well-groomed	Well-dressed	Accepting
Insightful	Polite	Complimentary
Practical	Patient	Happy
Approachable	Good listener	Respectful
Obedient	Thrifty	Helpful

Other good things about me that are not on this list are: _____

2. Now give a copy of the form on the following page to two or three people that know you well (parent, friend, teacher, relative) and ask them to circle words that they believe describe you. Fill in their names and your name in the blank spaces.

Dear _____,
 (Person's Name)

Because you know me very well, I would like you to tell me what you think are the best things about me. Please circle words that really describe _____.
 (Your name)

Thank you very much for taking the time to do this for me.

- | | | |
|----------------|----------------|-----------------|
| Appreciative | Reliable | Friendly |
| Humble | Thoughtful | Wise |
| Creative | Warm | Thorough |
| Kind | Faithful | Independent |
| Sensitive | Articulate | Leader |
| Responsible | Open | Pleasant |
| Considerate | Communicative | Tolerant |
| Punctual | Spiritual | Energetic |
| Attractive | Loving | Includes others |
| Hard-working | Trustworthy | Physically fit |
| Intelligent | Reasonable | Conscientious |
| Sociable | Wide interests | Moral |
| Decision maker | Easy going | Humorous |
| Loyal | Mechanical | Talented |
| Ethical | Honest | Athletic |
| Musical | Organized | Artistic |
| Well-groomed | Well-dressed | Accepting |
| Insightful | Polite | Complimentary |
| Practical | Patient | Happy |
| Approachable | Good listener | Respectful |
| Obedient | Thrifty | Helpful |

Other good things about me that are not on the list of choices are: _____

WHY I DISLIKE TAKING MY MEDICATION

GOALS OF THE EXERCISE

1. Identify reasons for lack of consistency in taking psychotropic medication.
2. Identify reasons to take medication responsibly and reliably.
3. Establish a foundation for a contract to take medication consistently.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Attention Deficit Disorder (ADD)—Adult
- Depression
- Paranoid Ideation
- Psychoticism

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Medication resistance is a common problem for clients who have been prescribed psychopharmacologic remedies for their symptoms. This exercise is designed to assist the client in identifying his/her reasons for resistance to medication compliance. The client is also asked to examine and explore reasons for taking the prescribed psychotropic medication consistently. Process the completed assignment with the client while addressing his/her reasons for resistance and reinforcing the advantages of prescription compliance.

WHY I DISLIKE TAKING MY MEDICATION

Many people resist taking prescribed medication after they have been diagnosed with an emotional disorder. People offer a variety of reasons for not taking their medication on a consistent basis. This exercise will help you identify the reasons that you may resist taking your medication and help you identify the advantages of taking the medication consistently and responsibly.

Common Reasons for Medication Resistance

- | | |
|--|--|
| <input type="checkbox"/> Don't feel like myself. | <input type="checkbox"/> Don't need them. |
| <input type="checkbox"/> Feel groggy. | <input type="checkbox"/> Feel different than other people. |
| <input type="checkbox"/> Fear getting hooked on pills. | <input type="checkbox"/> Too expensive. |
| <input type="checkbox"/> Forget to take medication. | <input type="checkbox"/> Too much of a hassle. |
| <input type="checkbox"/> Side effects (dizzy, sick, etc.). | <input type="checkbox"/> Fear getting mocked. |
| <input type="checkbox"/> Lose my creativity. | <input type="checkbox"/> Loss of energy. |

1. Review the list and place a checkmark next to those reasons that *you* resist taking medication for your emotional disorder. What reason(s) might you have other than those listed?

2. What is the main reason that you do not like taking the medication(s)?

3. Ask a partner, friend, and/or family member to give reasons why they believe it is good for you to take the medication. Write down their answers.

4. List three reasons *you* believe you should take the medication. How does the medication help you?

5. How can your life be improved with medication helping to control your symptoms?

HOW I FEEL ABOUT MY MEDICAL TREATMENT

GOALS OF THE EXERCISE

1. Verbalize thoughts and feelings about having to receive treatment for a serious or chronic illness.
2. Explore and identify reasons for resistance to receiving treatment.
3. Accept the illness and cooperate with treatment as advised.
4. Cooperate with medical treatment regimen without passive-aggressive or active resistance.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Psychoticism

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise not only provides the client with the opportunity to openly express his/her thoughts and feelings, but can also be used to uncover the reasons for his/her resistance to cooperating with the medical treatment regimen. Process the expression of feelings and the reasons for resistance in complying with the medical interventions. You may also want to share the client's responses with his/her physician (after obtaining the necessary releases) to help the physician become aware of the client's thoughts and feelings. The physician could also address the client's resistance and explain the reasons why the client is receiving the current medical treatment regimen.

HOW I FEEL ABOUT MY MEDICAL TREATMENT

Please take a few minutes to answer the questions that follow. Your answers will help your therapist better understand your thoughts and feelings about having to receive regular medical treatment.

1. What medication(s) do you currently take for your illness? Please give dosage and frequency.

Medication Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What other types of treatment (besides taking medication) do you receive for your illness? Hospitalizations? How frequent?

3. What do you dislike about receiving the treatment?

4. What are the consequences of not cooperating with your treatment regimen as recommended?

5. How does your family react if you do not cooperate with your treatment regimen?

6. What would you like to tell your doctor about your treatment?

7. How much say or control do you feel you have in your current treatment? Place an **X** above the space that best describes how you feel.

None	Very Little	Some	Fair Amount	A Lot
------	-------------	------	-------------	-------

8. What would you like to tell your friends or family members about how you feel about receiving the medical treatment?

9. What advice would you give yourself about cooperating with the treatment?

THE IMPACT OF MY ILLNESS

GOALS OF THE EXERCISE

1. Identify the emotional, physical, and relational impact of the medical condition.
2. Identify and openly express feelings connected to the serious or chronic illness.
3. Identify resource people who can be turned to or relied on in time of illness for emotional help and support.
4. Reduce the intensity of anxiety, fear, and other painful or distressing emotions related to the serious or chronic illness.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Mania or Hypomania
- Psychoticism

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The purpose of this exercise is to help the client identify the impact of the illness on his/her life and then to encourage expression of his/her feelings about his/her serious or chronic illness. The client should be encouraged to express these feelings in the therapy sessions and around other family members or trusted individuals. The exercise identifies key people the client can turn to for emotional support and help. Finally, the client is asked to identify what coping strategies or activities help him/her to cope with or manage the symptoms or effects of the illness.

THE IMPACT OF MY ILLNESS

In dealing with a serious or long-term illness, it is very important that the person suffering from the illness express his/her feelings. This exercise helps your therapist, family members, and other important people in your life better understand your feelings about your illness. Please respond to the following questions or items.

1. What is your illness?

2. How long have you had this illness?

3. List three adjectives to describe your illness.

4. What feelings do you have about your illness? Place a checkmark in front of the words that describe how you feel. Add any other feelings in the blank spaces.

<input type="checkbox"/> Afraid	<input type="checkbox"/> Sad	<input type="checkbox"/> Angry
<input type="checkbox"/> Nervous	<input type="checkbox"/> Helpless	<input type="checkbox"/> Rage
<input type="checkbox"/> Worried	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Frustrated
<input type="checkbox"/> Confused	<input type="checkbox"/> Trapped	<input type="checkbox"/> Guilty
<input type="checkbox"/> Uncertain	<input type="checkbox"/> Different	<input type="checkbox"/> Lonely
<input type="checkbox"/> Inferior	<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Apathetic (“I don’t care”)
<input type="checkbox"/> Calm	<input type="checkbox"/> Content	<input type="checkbox"/> At peace

5. What is your biggest concern or worry about your illness?

6. What impact do your feelings and stress have on your illness?

7. Who understands how you feel about your illness (e.g., parents, partner, siblings, doctor, friends)?

8. How do you think your partner and other family members feel about your illness? How does your illness affect your relationships with them?

9. How do you think your friends view you and your illness? How does your illness affect your relationships with them?

10. Who can you turn to for emotional help and support in dealing with your illness?

11. What are the limitations caused by your illness?

12. How do you feel about these limitations?

13. Describe your strengths, interests, and abilities that continue in spite of your illness.

14. What coping strategies or activities have you found helpful in learning to deal with or manage your feelings about your illness (e.g., writing, talking, distracting activities, prayer, meditation)?

MAKING USE OF THE THOUGHT-STOPPING TECHNIQUE

GOALS OF THE EXERCISE

1. Identify obsessive thoughts that produce anxiety and interfere with normal functioning.
2. Implement a thought-stopping technique to interrupt the obsessive thoughts and reduce anxiety.
3. Rate the degree of success at reducing obsessive thoughts and the concomitant anxiety.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Eating Disorder

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Thought-stopping is a simple, but effective technique to reduce the impact of obsessive rumination. You may want to review the essential elements of the thought-stopping technique with the client and practice its implementation in the office prior to giving this homework assignment. Review the client's implementation after 1 week and adjust the technique as necessary to increase its effectiveness. You may want to add the element of having the client snap a rubber band around his/her wrist at the time of shouting "STOP."

MAKING USE OF THE THOUGHT-STOPPING TECHNIQUE

Obsessive thoughts that recur on a frequent and regular basis can be very frustrating and interfere with normal functioning. You can become preoccupied with these thoughts and therefore unable to focus on other issues. These recurring thoughts can also produce considerable anxiety and they often are connected to worries that a harmful or embarrassing event will occur. A simple but effective technique for coping with obsessive thoughts and reducing their ability to raise anxiety is the “thought-stopping” technique. This exercise guides you through the implementation of this technique and assesses its effectiveness.

1. List any obsessive thoughts that recur regularly and interfere with your normal functioning.

2. Rate the degree of interference of the obsessive thought on your normal routine.

1	2	3	4	5
Very Strong and Frequent				No Interference

3. List three positive, calming scenes that you could place in your mind to replace the obsessive thought (e.g., sunning yourself all alone on a warm beach, fishing on a quiet lake as the sun sets).

Scene 1:

Scene 2:

Scene 3:

4. Over the next week, each time that the obsessive thought occurs, shout “STOP!” to yourself in your head without making a sound. Picture a large red traffic sign, and then begin to think about one of the calming scenes from the previous question while breathing deeply and relaxing your muscle tension. Rate on a daily basis the degree of your success at implementing this technique to stop and replace the obsessive thought.

Day 1:

1	2	3	4	5
No				Very
Success				Successful

Day 2:

1	2	3	4	5
No				Very
Success				Successful

Day 3:

1	2	3	4	5
No				Very
Success				Successful

Day 4:

1	2	3	4	5
No				Very
Success				Successful

Day 5:

1	2	3	4	5
No				Very
Success				Successful

Day 6:

1	2	3	4	5
No				Very
Success				Successful

Day 7:

1	2	3	4	5
No				Very
Success				Successful

5. Rate again the degree of interference of the obsessive thought on your normal routine after implementing this technique for a week.

1	2	3	4	5
Very Strong and Frequent			No Interference	

6. Describe any anxiety reduction that has occurred as a result of implementing this assignment with its calming scenes and relaxing muscle tension. Then rate the degree of anxiety reduction you have experienced.

1	2	3	4	5
No Anxiety Reduction			Significant Anxiety Reduction	

REDUCING THE STRENGTH OF COMPULSIVE BEHAVIORS

GOALS OF THE EXERCISE

1. Identify compulsive behaviors and their irrational basis.
2. Develop and implement realistic self-talk techniques to reduce the frequency of compulsive behaviors.
3. Develop and implement behavioral interruption techniques to reduce the frequency of compulsive behaviors.
4. Develop a greater sense of control over compulsive behavior rituals and reduce their frequency.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence
- Chemical Dependence—Relapse
- Eating Disorder

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Most often clients suffering from Obsessive-Compulsive Disorder (OCD) enter treatment believing that they have no control over their behavior patterns or thought patterns. This exercise is designed to increase their sense of control and reduce the frequency of compulsive behaviors. You may want to review the main elements of this homework assignment with the client before it is given, helping him/her to understand positive self-talk and behavioral interruption principles. Review the client's success at implementation and make any necessary adjustments in the therapeutic techniques as needed.

REDUCING THE STRENGTH OF COMPULSIVE BEHAVIORS

Compulsive behaviors are repetitive and intentional behaviors that are done in response to obsessive thoughts or according to eccentric rules. They are often done to neutralize or prevent discomfort or some dreaded situation in the future. None of these compulsive behavior rituals are connected in any realistic way with what they are designed to neutralize or prevent. This assignment helps you to examine your compulsive behavior rituals and provides you with two powerful techniques to increase your control over these compulsive behaviors and reduce their frequency of occurrence.

- List the compulsive behaviors you engage in on a frequent and repeated basis.

- Rate the degree of control you believe that you have over these compulsive behaviors.

1	2	3	4	5
No				Total
Control				Control

- Describe why you believe engaging in these repetitive behaviors is of benefit to you (e.g., it's relaxing, feel less anxious or worried, stops my thinking about it).

- Rate how rational you believe your compulsive behavior is (e.g., Is it reasonable? Is it really effective at reassuring you? Does it make sense?).

1	2	3	4	5
Irrational and				Very
Unreasonable				Rational

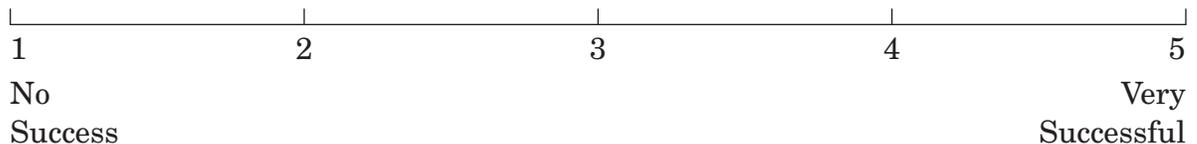
5. Positive realistic self-talk can be effective at counteracting the urge to engage in compulsive behavior. Review the following self-talk messages and write any additional messages you believe could be effective for your use.
- A. This behavior is not reasonable and I will not do it.
 - B. I can resist this urge and it will go away eventually.
 - C. I can think and act rationally about this urge.
 - D. Anxious feelings will return after I perform this action, so I'm not going to do it.
 - E. If I implement relaxation techniques, I will settle down.
 - F. I'm going to think of a pleasant, calm scene until this urge passes.
 - G. _____
 - H. _____
 - I. _____

6. From the list, select the two or three self-talk messages that you think would be most effective for you. Write their letters.

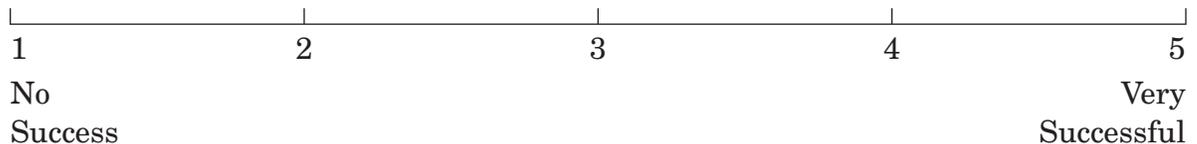
7. It is often effective to develop and implement a ritual that interrupts the current pattern of compulsive behavior. This behavior becomes a substitute for the compulsive behavior, but it is one that is under your control more directly. Describe two or three behaviors that you could engage in when the urge to perform the compulsive behavior becomes strong (e.g., vacuum the house, take a walk or perform some other exercise, call a friend, write in a journal).
- A. _____
 - B. _____
 - C. _____

8. For the next week, implement positive self-talk and ritual behavioral interruption to reduce the frequency of engaging in the compulsive behavior. Rate your degree of success at implementing these techniques.

Day 1:



Day 2:



MONITORING MY PANIC ATTACK EXPERIENCES

GOALS OF THE EXERCISE

1. Identify changes in panic attack severity.
2. Identify thoughts or experiences that trigger panic attacks.
3. Note reinforcing reactions of others to the panic attack experience.
4. Track the effectiveness of panic attack coping strategies.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

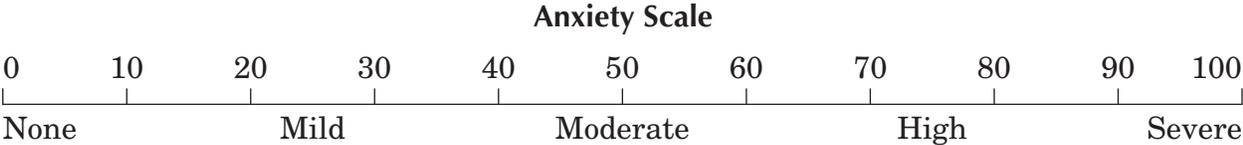
- Anxiety
- Social Discomfort

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This rating form may be used with the client after coping strategies have been thoroughly reviewed and taught. After the client is familiar with such coping strategies as relaxation, deep breathing, positive self-talk, attention diversion, behavioral substitution, and cognitive restructuring, he/she can use the form to track his/her implementation of and success with these techniques in reducing the severity of panic symptoms. Provide the client with seven copies of the form so he/she can complete one on a daily basis to rate his/her experience of panic and the progress toward rehabilitation. The client should also be alerted to the need to monitor internal and external triggering stimuli for his/her panic experience.

MONITORING MY PANIC ATTACK EXPERIENCES

Make copies of this form and answer the questions for each panic attack experience.



- 1. Using the 0 to 100 scale, what number would you use to rate the overall level of your anxiety during the panic attack? _____
- 2. What symptoms of panic did you experience? _____
- 3. Approximately, how long did your panic attack last? _____
- 4. What problems or stressful events were you experiencing shortly *before* your panic attack?

- 5. What anxious or negative thoughts were you experiencing shortly *before* the panic attack?

- 6. How did your family members, friends, or others react *during and after* your panic attack?

7. What strategies did you use to deal with your anxiety?

8. How did the strategies help in managing your anxiety?

9. What would you do differently, in the future, if you have another panic attack?

CHECK SUSPICIONS AGAINST REALITY

GOALS OF THE EXERCISE

1. Verbalize an understanding that fears or suspicions can grow to become irrational.
2. Examine suspicions against history, others' perception, and logic.
3. Acknowledge that some personal fears/suspicions are unreasonable.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Intimate Relationship Conflicts
- Psychoticism
- Sleep Disturbance
- Social Discomfort

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

If the client's paranoia is severe and the client is not open to challenging his/her beliefs, then you will have to be very actively involved in assisting the client in completing this exercise. Review each step of the assignment to help the client yield the irrational belief in the face of contradictory evidence from history, others' perceptions, and logic.

CHECK SUSPICIONS AGAINST REALITY

Fear and suspicion have a way of growing in strength and breadth or scope when the fear is not checked against reality. If we ponder our fears alone, the risk is that they can become irrational, unreasonable, and illogical. It is common to feel more anxious in the middle of the night when worries are on your mind and it is dark, quiet, and lonely. Burdens seem reduced when the light of day arrives and the concerns can be shared with others. We regain a realistic perspective.

Use this exercise to examine the fears and suspicions that plague you and interfere with your feeling of trust, peace, and happiness. Check out your suspicious beliefs against reality viewed from a different perspective.

1. Check out your fears/suspicions by thinking about the history of the suspected person or agency in terms of dealings with you. Have you, for the most part, been dealt with fairly, reasonably, respectfully, and kindly?

2. Check out your fears/suspicions by writing about the history of the suspected person or agency in terms of dealings with others. Have others, for the most part, been dealt with fairly, reasonably, respectfully, and kindly?

3. Check out your fears/suspicions by writing about how others perceive the suspected person or agency. Ask others about whether they share your beliefs and record their responses.

4. Check out your fears/suspicions by considering whether your fear is logical, rational, or reasonable. Can you acknowledge that your suspicions are irrational and should be discounted and revised?

LEARNING TO PARENT AS A TEAM

GOALS OF THE EXERCISE

1. Each parent identifies his/her own parenting strengths and weaknesses.
2. Each parent identifies the parenting strengths and weaknesses of his/her partner.
3. Acknowledge areas where parenting weaknesses exist and request help in these areas.
4. Each parent identifies ways that he/she can be supportive of his/her partner in the parenting process.
5. Implement a scheduled list of family activities to promote connectedness and harmony.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- None

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Encourage the parents to work on the first step of this exercise independently before sharing the results with each other in a discussion format. Encourage them to come to you with requests for specific kinds of help they need as they try to improve their parenting. Reinforce their attempts to support one another as members of the parenting team. Encourage them to involve the children in finding family activities that will promote family connectedness.

LEARNING TO PARENT AS A TEAM

Parenting is a difficult task that requires good communication between partners as well as good cooperation and consistency. Each of us is a unique human being that brings his/her own strengths and weaknesses to bear on the task of parenting. To be an effective parenting team, you must help your partner in his/her area of weakness while your partner helps you in your area of weakness. Each of you must also support each other in your area of strengths. This exercise is meant to help you identify your strengths and weaknesses and describe ways that you can support each other to become a stronger parenting team. The exercise also calls for you to implement increased family activities to promote a feeling of connectedness between family members and promote harmony between parents as leaders of this family.

1. Each parent lists three to five of his/her own parenting strengths (e.g., playing with the children, making the children do their homework) and weaknesses (e.g., not enforcing the rules, talking to the children, supporting my spouse in parenting). Then list three to five strengths and weaknesses of your partner. Write your lists without consulting your partner. After all lists have been created, transfer the data to this page.

MOTHER'S LIST

Her Own

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Her Husband's

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FATHER'S LIST

His Own

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

His Wife's

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. After sharing your lists with each other, discuss and describe what kind of help you need from your counselor to improve your parenting as a team.

3. List three ways that each of you wishes the other partner would show support for you as a parent (e.g., join me when I discipline, calm me when I'm upset, listen to me when I'm frustrated).

MOTHER'S WISHES

A. _____

B. _____

C. _____

FATHER'S WISHES

A. _____

B. _____

C. _____

4. In a family meeting, construct a list of activities that members would enjoy doing together. Use a brainstorming technique where no idea is rejected to create a beginning list of 16 possible activities.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Select two activities to be implemented per week for the next 3 weeks. Schedule them for a date and time when all will be available and participate.

Week 1 Activity One: _____
 Date/Time: _____
 Activity Two: _____
 Date/Time: _____

Week 2 Activity One: _____
 Date/Time: _____
 Activity Two: _____
 Date/Time: _____

Week 3 Activity One: _____
 Date/Time: _____
 Activity Two: _____
 Date/Time: _____

6. Describe the reaction of yourself and other family members to the family activity schedule.

USING REINFORCEMENT PRINCIPLES IN PARENTING

GOALS OF THE EXERCISE

1. Parents learn some basic tools of behavior modification.
2. Parents learn to write clear, behaviorally specific, positively directed rules.
3. Parents focus more on rule-keeping behavior and develop a repertoire of positive reinforcements for the child.
4. Parents learn to confront rule-breaking in a calm, controlled, reasonable, behaviorally focused, respectful manner and develop a list of potential logical consequences.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anger Management
- Family Conflict
- Intimate Relationship Conflicts

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Parents find it difficult to express expectations in behaviorally specific language—so do therapists. We must patiently try to shape parents' behavior as we process the rules that they develop. Also, be careful to bring to light unspoken rules that are left unlisted, but actually are very important for harmony in the household. Use counseling sessions to review lists and to model or role play positive reinforcement of rule-keeping behavior. Watch out for negative consequences for rule breaking that are not “tied to the crime” and are too protracted.

USING REINFORCEMENT PRINCIPLES IN PARENTING

Rules are best kept when there are as few as possible; they are stated clearly and in a positive direction; obedience is recognized by reward; and disobedience is either ignored (if a minor violation) or met with a consequence that is swiftly administered, brief, not harsh, focuses on the offensive behavior and not on the child, and is somehow related to the broken rule. This exercise helps you think about what your rules are for your child and what the consequences for his/her obedience and disobedience are.

Think about, discuss, and then write out the six most important rules of the household for your child. Write them concisely and clearly so there is no misunderstanding as to what is expected from the child. Also, be sure to write them in observable terms and in a positive direction. For example:

EXAMPLE A

Bad Rule: Johnny must stop causing so much trouble with his sister.

Better Rule: Johnny must keep his hands off his sister, talk to her softly and politely, and allow her to finish her TV program before asking to change the channel to his preference.

EXAMPLE B

Bad Rule: Johnny must take his schoolwork more seriously and be more responsible about homework assignments.

Better Rule: Johnny must attend all his classes promptly and regularly, complete and hand in each assignment on time, keep the rules of the classroom, reserve at least 1 hour per night for quiet study, and obtain no grade below C-.

EXAMPLE C

Bad Rule: Johnny must not explode in anger whenever he is told he may not do some activity or must stop some activity he is doing.

Better Rule: When Johnny is told what he may or may not do, he must accept the parental or teacher limits calmly and respectfully, carrying out the request within 30 seconds or less.

Six Most Important Rules

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

When rules are kept or reasonably obeyed, it is easy to take this behavior for granted and not acknowledge it. But when the goal is to build self-esteem, increase compliance, and reduce conflict with authority, then it is advisable to focus positive attention on obedience or compliance. Find ways to reward obedient behavior whenever and wherever it occurs. Rewards do not have to be elaborate, expensive, or even concrete. The reward can be as simple as “Thanks, I appreciate that” or an affectionate pat on the back. At times, it may be appropriate to stop and talk about how pleasant it is for everyone when rules are kept, respect is shown, and conflict is at a minimum. Finally, some rewards may be more concrete such as a small gift, a favorite meal, a special outing, a privilege granted, or an appreciative note left on his/her pillow.

Now list 10 ways that you could show positive recognition to your child for keeping the rules.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Obviously, rules are not going to be kept 100 percent of the time by any child. The difficult task for a parent is to decide how to respond to disobedience most effectively and reasonably. Two cardinal rules for punishment: First, do not react when and if your anger is not well controlled; postpone action but make it known that you are doing so. Second, keep your focus on the child's behavior that is out of bounds and do not disparage, name-call, swear at, or belittle the child; give consequences with an attitude of respect.

Consequences should be given as soon as reasonably possible after the disobedience—long delays before consequences reduce effectiveness significantly. Consequences should

be brief and tied to the offensive behavior, if possible. Long and extended consequences breed resentment, cause hardship for the enforcers of the consequences, and are not any more effective than something more pointed and brief. Finally, be sure to be consistent in giving consequences; both parents have to work together. Misbehavior should not be overlooked one time and addressed the next nor should it be overlooked by one parent and punished by the other.

Now list two possible consequences for each of the Six Most Important Rules that you listed previously.

- 1a. _____

- 1b. _____

- 2a. _____

- 2b. _____

- 3a. _____

- 3b. _____

- 4a. _____

- 4b. _____

- 5a. _____

- 5b. _____

- 6a. _____

- 6b. _____

WHAT NEEDS TO BE CHANGED IN MY LIFE?

GOALS OF THE EXERCISE

1. Identify sources of stress, dissatisfaction, or frustration.
2. Identify responsibilities that are perceived as overwhelming.
3. Identify potential resources that have been overlooked and can reduce stress and increase shared responsibilities.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

A central role for the therapist in helping the client with a phase of life problem is that of assisting him/her in clarifying the problem and identifying resources to help reduce the dissatisfaction in life. This assignment is best used in early stages of counseling. You may want to consider the option of completing the assignment with the client during the session, but if the client has significant strengths, it would be helpful to challenge him/her to work on this assignment between sessions and then process the results together. If his/her list of potential resources is not complete, you may focus on this issue in item number 7 and help him/her expand his/her thinking about this issue.

WHAT NEEDS TO BE CHANGED IN MY LIFE?

Your life may be surrounded by circumstances that you wish were different. Or, there may be a set of circumstances that you wish were present in your life that are absent. You may also be searching for resources that can provide you with some assistance to resolve the problems facing you. This assignment is designed to help you clarify those issues and bring you closer to making changes to improve your life.

1. List those circumstances that are present in your life that are contributing to your dissatisfaction, stress, or frustration.

2. Describe why each of the circumstances listed leads to dissatisfaction.

3. List those circumstances that you wish were present in your life and that you believe would increase your sense of fulfillment.

4. List those activities that you wish you were involved in and that you believe would increase your quality of life.

5. What changes would you like to occur for you to be less stressed and more happy?

6. What, if any, responsibilities would you like to be shared with others in order to reduce your burden?

7. Now it is time for you to brainstorm possibilities that exist in your life that may have been overlooked. These possibilities include resources that could be helpful to you to resolve crises that you face. In the following spaces, fill in the names for people, organizations, or activities in the various categories listed that could be sources of support.

Family members: _____

Friends: _____

Neighbors: _____

Self-help group members: _____

Counselor: _____

Coworkers: _____

Clergy: _____

Service organizations: _____

Church members or groups: _____

Educational classes: _____

Other resources: _____

8. Select three resources from your list and describe how these could be helpful to you and how you might begin to include them in your daily life.

Resource One:

Resource Two:

Resource Three:

WHAT'S GOOD ABOUT ME AND MY LIFE?

GOALS OF THE EXERCISE

1. Identify advantages of current life situation.
2. Identify personal strengths and positive traits or talents.
3. Develop an action plan to increase activities that give meaning and satisfaction to life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chronic Pain
- Dependency
- Depression
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment is best given at middle stages of counseling after the problems have been clarified and the client has the potential for establishing some balanced perspective to his/her life. If the client returns the assignment without having fulfilled all of the requests for information, review the items and brainstorm additional data that could have been included. Some clients find it very difficult to see anything positive about their life situation or their own personal strengths. Clients may also need help in developing the action plan called for in the final item of the assignment.

WHAT'S GOOD ABOUT ME AND MY LIFE?

Many people get stuck in a negative perception of themselves or their life circumstances and lose a balanced perspective that includes positive aspects of their lives. This assignment is designed to help you focus on your strengths and how you might use them to empower yourself toward greater satisfaction with your life. You need to make a concerted effort to overcome your belief that your life circumstances are overwhelmingly negative.

1. Describe at least five advantages to your current life circumstance (e.g., opportunity to make own decisions, opportunity for intimacy and sharing with a partner, a time for developing personal interests, meeting the needs of a significant other).

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

2. List at least five of your strengths, positive traits, or talents that you can use to enrich your life and the lives of others.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

3. What changes do you believe you could make to help restore balance to your life?

- 4. What steps will you commit to for using your strengths, interests, and talents to begin to make the changes you feel are necessary for increased satisfaction. Describe actions and set target dates for implementation.

Action	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOUR WAYS TO REDUCE FEAR

GOALS OF THE EXERCISE

1. Identify and develop specific strategies to resolve the fear.
2. Implement a specific strategy on a consistent basis to minimize the impact of the fear.
3. Increase confidence and effectiveness in coping with the fear.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Social Discomfort

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The focus in processing this exercise should be placed on assisting the client in completely developing each of the resolution strategies and in helping him/her to fully implement that strategy. Offer encouragement, feedback, and direction as needed as you follow up on the strategy. If the first strategy chosen does not seem to be effective despite the client's best efforts, another option should be chosen and implemented.

FOUR WAYS TO REDUCE FEAR

This exercise helps you develop four different ways to minimize your fear. After developing the four ways you will then choose the one that you feel would be best for you and try it for the following week when encountering your fear.

1. Develop fully each of the following methods for resolving your fear.
 - A. **Exaggeration:** Start with identifying your fear; then imagine it as big, scary, ugly, and so on. Use as many negative descriptive words as possible in describing the fear in the worst possible way and with the most dire consequences.

Application: By imagining the worst that can happen in the worst possible way, the things I face don't seem so big or terrible.

- B. **Thought Restructuring:** Record the three or four most common thoughts you have that lead to increased feelings of fear (e.g., "I'm going to make a fool of myself," "Everyone is staring at me"). After completing that, ask your therapist to help you restructure your fear-producing thoughts into thoughts that are more realistic and positive (e.g., "I will do my best and people will respect me for that effort").

Thought 1: _____

Restructured: _____

Thought 2: _____

Restructured: _____

Thought 3: _____

Restructured: _____

Thought 4: _____

Restructured: _____

Application: How we think about something affects our feelings. By changing our thoughts and perceptions, we change our feelings.

- C. **Therapist in Your Pocket:** Ask your therapist to provide you with four or five statements that will offer reassurance when you are encountering your phobia. Record them and then either commit them to memory or write them on a card to keep in your pocket at all times.

1) _____

2) _____

3) _____

4) _____

Application: Reassuring and encouraging statements from people we respect and trust can help us cope with difficult or scary situations.

- D. **Relaxing Distraction:** Create a favorite relaxing daydream to use to distract yourself when facing or thinking about the situation your fear. Then choose a relaxing activity to use as a distraction at other times (e.g., sunbathing on the beach).

Daydream: _____

Activity (e.g., quietly singing, relaxation breathing): _____

Application: When distracted, we forget our worries, fears, and troubles.

2. Choose an approach to your fear.
- A. Identify which of the four approaches (i.e., A, B, C, D) you feel would be most effective in helping you resolve your fear.

- B. Explain briefly the choice you made and why you feel it would be effective.

C. Use an **X** to indicate how sure you feel about the approach working for you.

Very Sure	Sure	Somewhat	A Little	Not at All

On a scale of 1 to 10 rate your determination to overcome your fear.

1	5	10
I'll live with it.		I <i>must</i> conquer it.

3. Make a commitment to use the approach you chose whenever you encounter the fear over the next week and then evaluate how effective it was in dealing with the fear after each time you used it.

- A. _____
- B. _____
- C. _____
- D. _____

GRADUALLY REDUCING YOUR PHOBIC FEAR

GOALS OF THE EXERCISE

1. Identify precisely what the feared object or situation is.
2. Describe the emotional, physiological, and behavioral impact that the feared object or situation has had.
3. Develop and implement a plan of systematic exposure to the feared object or situation until fear is extinguished.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Childhood Trauma
- Posttraumatic Stress Disorder (PTSD)
- Social Discomfort

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Systematic desensitization to a phobic object or situation has proven to be a very successful approach to extinguishing a fear response. This assignment focuses the client on the phobic stimulus and its effect on his/her life. Then, the client must develop a gradual hierarchy of exposure steps to the feared stimulus. You probably will have to be directly involved in constructing this hierarchy with the client. As preparation for beginning the *in vivo* exposure to the feared stimulus, it is recommended that you teach the client some behavioral and cognitive anxiety-reduction skills, such as deep breathing, progressive relaxation, positive imagery, confidence-building self-talk, and so on. Monitor and reinforce his/her implementation of these skills as the exposure program progresses. Urge the patient to increase exposure as anxiety diminishes to the current step.

GRADUALLY REDUCING YOUR PHOBIC FEAR

Fears that are so strong that they control our behavior need to be faced and overcome. This exercise helps you do just that: Identify what your fear is; describe how it affects you; develop a plan to face it systematically; and, finally, actually take steps to face your fear and win.

1. It is important to clearly identify what you fear and how it affects you emotionally (e.g., feel nervous and tense), behaviorally (such as avoid contact and/or don't talk about the feared stimulus), and physically (for instance, heart pounds, forehead and palms sweat, stomachache, nausea). Describe what the feared object or situation is and then tell how it affects you.

Feared Object or Situation

Reaction to Feared Object or Situation

Emotional reaction: _____

Behavioral reaction: _____

Physical reaction: _____

To overcome a fear, it must be faced in a gradual but systematic fashion. We call this *exposure*. When you practice exposure in the proper way, fear steadily diminishes until it does not control your behavior or affect you physically. The key to the process is to develop a plan for gradually increasing exposure to the feared object or situation. Once the plan is developed, you then expose yourself one step at a time to the feared object or situation. You do not take the next step in the gradual exposure plan until you are quite comfortable with the current level of exposure.

For example, if your fear is that of driving alone on the expressway during heavy traffic, you could design a plan as follows.

Step 1. Drive on the expressway for 5 minutes at a time of light traffic with a supportive person to give reassurance.

Step 2: Drive on the expressway for 5 minutes at a time of light traffic, alone.

Step 3: Drive on the expressway for 10 minutes at a time of light traffic, alone.

Step 4: Drive on the expressway for 15 minutes at a time of light traffic, alone.

Step 5: Drive on the expressway for 5 minutes at a time of heavy traffic, alone.

Step 6: Drive on the expressway for 15 minutes at a time of heavy traffic, alone.

Each next step is taken only after the fear is low or gone in the current step.

2. Now create a gradual exposure program to overcome your feared object or situation. The steps can increase the time you spend with the feared object or situation, increase your closeness to it, increase the size of the object, or a combination of these things. Use as many steps as you need. Your therapist is available to help you construct this plan, if necessary.

Step 1. _____

Step 2. _____

Step 3. _____

Step 4. _____

Step 5. _____

Step 6. _____

Now it's time for a gradual but steady exposure to your feared object or situation. Stay relaxed. Your therapist may teach you some deep breathing, muscle relaxation, and positive self-talk techniques that you can use to keep yourself relaxed. For each attempt at exposure, record the coping technique you used and rate your degree of fear on a scale of 1 to 100, with 100 representing total panic, the sweats, and heart-pounding shakes. The rating of 1 represents total calm, complete confidence, peace of mind, looseness, and

relaxed feeling. When your rating is reduced to 10 or lower on a consistent basis for the exposure to a particular step, then it's time to consider moving on to the next step.

Exposure Steps	Coping Technique and Fear Rating
Step 1. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____
Step 2. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____
Step 3. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____
Step 4. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____
Step 5. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____
Step 6. _____ _____ _____	1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____

HOW THE TRAUMA AFFECTS ME

GOALS OF THE EXERCISE

1. Identify and clarify the experience of PTSD symptoms.
2. Identify the most distressing symptoms and the frequency of their occurrence.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Childhood Trauma
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This is a simple and straightforward exercise designed to help the client focus his/her thinking on the specific PTSD symptoms he/she has experienced. You may want to review the list with the client within the session to clarify the meaning of some of the symptom descriptions. During your review of the completed exercise, allow the client to elaborate on any of his/her symptoms and explore how these symptoms have affected his/her life.

HOW THE TRAUMA AFFECTS ME

After having been exposed to a serious threat or actual physical trauma or abuse, many people develop a set of emotional, cognitive, or behavioral symptoms. The immediate response of fear, helplessness, or horror often gives way to lingering effects that can be intense at times and can affect your life in many ways. This exercise is designed to help you focus in and identify those specific symptoms of PTSD that you have experienced.

1. Review the items in the two columns and put a checkmark in front of the symptoms that you have experienced since the traumatic event occurred.

<input type="checkbox"/> Intrusive thoughts/images	<input type="checkbox"/> Sleep pattern abnormal
<input type="checkbox"/> Disturbing dreams	<input type="checkbox"/> Irritable
<input type="checkbox"/> Flashbacks of the trauma	<input type="checkbox"/> Poor concentration
<input type="checkbox"/> Reminders of trauma bring distress	<input type="checkbox"/> On edge
<input type="checkbox"/> Shakes, sweats, heart racing	<input type="checkbox"/> Easily startled
<input type="checkbox"/> Avoid talking about the trauma	<input type="checkbox"/> Sad or guilty feelings
<input type="checkbox"/> Avoid trauma places/people	<input type="checkbox"/> Alcohol/drug abuse
<input type="checkbox"/> Amnesia regarding trauma	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Withdrawal from activities	<input type="checkbox"/> Conflict with others
<input type="checkbox"/> Feel detached from other people	<input type="checkbox"/> Verbally/physically violent
<input type="checkbox"/> Emotionally numb	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pessimistic regarding future	<input type="checkbox"/> Other: _____

2. Which three symptoms that you have placed a checkmark next to have caused you the most distress?

3. How frequently does each of the symptoms that you noted in number 2 occur?

4. When was the last occurrence of a PTSD symptom and what was that symptom?

SHARE THE PAINFUL MEMORY

GOALS OF THE EXERCISE

1. Described the traumatic experience in some detail.
2. Identify the ways that the trauma has impacted life.
3. Communicate the feelings associated with the traumatic event.
4. Review treatment options designed to help people recover from PTSD.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Childhood Trauma
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

It is always a delicate clinical decision as to when and how to encourage the client to explore the details of severe trauma that he/she has experienced. If there is any question about the ability of the client to focus on the details of the traumatic event outside of the supportive therapeutic relationship, allow the client to answer the first question within a therapy session. Allow the client to begin to express his/her feelings associated with the trauma, both those that were immediately precipitated by the event and those feelings that can be stirred after the event. You may have to review the list of treatment strategies found in Item 6 to provide further explanation for the client.

SHARE THE PAINFUL MEMORY

It is not unusual for someone who has experienced a physical and/or emotional trauma to want to avoid anything and everything that is associated with that trauma. A common reaction is, "I don't want to talk about it." However, refusing to deal with a traumatic event by attempting to bury it will only increase the negative consequences of that trauma and prolong its effects. You need to share, when the time is right, as much detail about the experience as you possibly can. This exercise is designed to help you share what happened and how you feel about it.

1. Describe the traumatic incident, giving as many specifics as possible (e.g., your age, the place of occurrence, details of what happened, who was present at the time of the trauma). If necessary, use additional paper to describe your experience.

2. What other events have you experienced in your life that are similar to the traumatic event you described in item number 1?

3. What are the harmful ways that you have attempted to cope with your emotional reaction to the trauma (e.g., substance abuse, avoid thoughts of the incident, avoid people/places associated with the incident, social withdrawal, sleeping)?

4. How have the trauma and your reaction to it affected your life (e.g., intimate partner relationship, relationships with friends, work performance, family relationships, social/recreational activities, spiritual journey, physical health)?

5. For each of the following emotions, use an **X** to indicate the strength of your feeling on the continuum:

Anger

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

Sadness

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

Fear

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

Guilt/Shame

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

Embarrassment

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

Tension/On Edge

Very Strong	Strong	Somewhat	Barely	Never
-------------	--------	----------	--------	-------

6. Review various treatment strategies described briefly and mark those that you believe can help you overcome this trauma.

Slowly retelling and gradually reliving the details of the incident in a safe therapy environment.

Learning new ways to think about the trauma.

Learning to manage and control anger and other strong emotions.

Taking medication to deal with depression and anxiety.

Developing a recovery program to end substance abuse as an escape from pain.

Learning relaxation skills to reduce tension, stress, and panic.

Slow, systematic exposure to the memory of the traumatic event while staying calm and relaxed.

Sharing your experience in a group setting with others who have been through a trauma.

Sharing the experience with family members who can be understanding and supportive.

Learning communication and conflict resolution skills to apply to a strained intimate relationship.

Developing a sleep induction routine that will reduce fatigue and restlessness.

- ___ Implementing problem-solving skills with vocational conflicts to stabilize employment.
- ___ Implementing an exercise regimen to reduce stress and increase energy level.
- ___ Relying on spiritual faith to build confidence and foster forgiveness and peace.

7. Explain why you believe each of the treatment selections you made in number 6 will be of benefit to you.

WHAT DO YOU HEAR AND SEE?

GOALS OF THE EXERCISE

1. Reduce anxiety associated with the experience of hallucinations.
2. Identify stressors that increase the frequency or intensity of hallucinations.
3. Separate reality from hallucination experience.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression
- Mania or Hypomania
- Paranoid Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise provides an opportunity for the client to describe the history, nature, and precipitating circumstances surrounding his/her hallucinations. It may be necessary to administer this exercise verbally within a therapy session because the client may not be capable of staying focused enough to complete this as a writing assignment. The therapist should clearly label these hallucination experiences as the result of the client's illness, not a reflection of reality. Suggestions could be made as to coping techniques (distraction, medication adjustment, sharing with supportive individuals, etc.).

WHAT DO YOU HEAR AND SEE?

Hallucinations are those private experiences of hearing voices or sounds, or seeing visions, that others do not experience. You may hear voices that others cannot hear or see people or objects that others cannot see. This can be a very scary experience and it can seem as if the experience is very real, not a result of your mind being confused. This exercise encourages you to describe these private experiences that are not shared by others. Please be as open and honest as you feel comfortable with as you answer these questions.

1. Do you hear voices that others do not hear? Yes _____ No _____

If yes,

- A. When did you first hear such voices?

- B. What do the voices say to you? (use additional paper, if necessary)

- C. Does it seem like the voices come from outside or inside your head?

- D. Do the voices ever command you to do anything? If so, what do they tell you to do? Do you do what they tell you?

E. What circumstances seem to bring on the hearing of voices? (when you are tired, afraid, tense, alone, with a crowd, etc.)

F. How does taking your medication affect your hearing of voices?

G. On a separate piece of paper draw a picture of what you imagine the person speaking to you looks like.

2. Do you see people or objects that others cannot see? Yes _____ No _____

If yes,

A. When did you first experience these visions?

B. Please describe what you see that others cannot see.

C. What circumstances seem to bring on the vision?

D. How does taking your medication affect your seeing these people or objects?

E. On a separate piece of paper, draw a picture of what you see that others do not see.

A BLAMING LETTER AND A FORGIVING LETTER TO PERPETRATOR

GOALS OF THE EXERCISE

1. Express feelings to and about the perpetrator including the impact that the sexual abuse has had.
2. Clearly place responsibility for the abuse on the perpetrator, absolving self of any blame.
3. Begin the process of forgiveness in order to relieve self of bitter anger.
4. Clarify current feelings toward the perpetrator and expectations held for him/her.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Dissociation
- Low Self-Esteem

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise focuses on two important steps in the recovery process for the survivor of sexual abuse. First, the client must place clear responsibility on the perpetrator for the sexual abuse and absolve himself/herself of any responsibility. Second, the client must begin a process of forgiveness to reduce feelings of anger or revenge that may cripple the recovery process. The letter of forgiveness cannot be assigned too early in the counseling process, and the therapist must be careful that such a letter does not imply that the perpetrator is excused from responsibility for his/her actions.

A BLAMING LETTER AND A FORGIVING LETTER TO PERPETRATOR

It is very important for your recovery from the trauma of sexual abuse that you sort out your feelings about the abuse and clearly identify the perpetrator as the responsible party. You must resist the common tendency to take some responsibility for the sexual abuse, even in some indirect way or small measure. It is also important during later stages of recovery that you begin to grapple with the concept of forgiveness toward the perpetrator. You will need to discuss the concept of forgiveness and how this is a process that takes time. It is important to develop an understanding of why forgiveness can be a healthy practice for you that brings considerable benefit in terms of replacing bitter anger with a sense of peace. This assignment is designed to help you think through writing a letter of blame, for this is an important step in your recovery, and a letter of forgiveness, a step not to be confused with excusing the perpetrator or absolving him/her of guilt.

1. Blame Letter: On the following lines, compose a letter of blame to the perpetrator and consider including the following elements in your letter.
 - Tell the perpetrator what your accusations are regarding his/her abuse of you.
 - Explain why the perpetrator is solely responsible for this abuse.
 - Describe how the sexual abuse made you feel at the time it occurred and now.
 - Describe how the sexual abuse has affected your life.
 - Describe how you felt toward the perpetrator before, during, and immediately after the sexual abuse.
 - Describe how you feel toward the perpetrator now.

PICTURING THE PLACE OF THE ABUSE

GOALS OF THE EXERCISE

1. Identify the location of the abuse and all those that were in reasonable proximity.
2. Acknowledge avoidance practices associated with the place of the abuse.
3. Increase feelings of empowerment, decrease avoidance practices.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Dissociation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client who has been through the trauma of sexual abuse often practices avoidance. This avoidance can be demonstrated in trying not to think about the incident, refusing to discuss the incident, staying away from the location of the abuse, and shunning any contact with the perpetrator. As recovery progresses, the client must terminate these avoidance practices and become more confident of his/her ability to cope with these reminders of the abuse. Encourage the client to face these stimuli that are associated with the trauma of the past. If recollection of the trauma begins to lead to decompensation, it is very important that support be given to the client and he/she not be pressured to deal with these stimuli prematurely.

PICTURING THE PLACE OF THE ABUSE

A common practice of those who have suffered a traumatic experience is to avoid anything associated with the trauma. However, this practice does not promote healing and may exaggerate the negative consequences that occur after a trauma. Healthy recovery requires that you are able to encounter the details of the trauma without being overwhelmed with negative emotions. This exercise is designed to help you come face to face with the traumatic experience, at least in terms of the specific environment in which it occurred.

1. On a separate sheet of paper draw a floor plan or diagram of the place where the sexual abuse occurred (e.g., house, church, car, park). Indicate on the diagram where you and the perpetrator were and where any other people were that were reasonably close by. If the abuse occurred in several different locations, you may draw more than one diagram on this page or use other pieces of paper to draw your diagrams.
2. Describe any flashbacks, nightmares, or other thoughts you have had about the place of the abuse.

3. Describe the feelings you have when you remember the place of the abuse.

4. Describe what steps you have taken to avoid seeing, coming close to, or even thinking about the place of the abuse.

JOURNAL OF SEXUAL THOUGHTS, FANTASIES, CONFLICTS

GOALS OF THE EXERCISE

1. Increase the awareness of sexual thoughts, feelings, and fantasies.
2. Clarify the direction of sexual attraction feelings.
3. Clarify causes for conflict regarding feelings of sexual attraction.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Female Sexual Dysfunction
- Intimate Relationship Conflicts
- Male Sexual Dysfunction

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client must be given the opportunity to indicate the degree of his/her confusion or anxiety associated with feelings of sexual arousal and attraction. If homosexual feelings are dominant, the client will need to clarify any feelings of conflict over these urges. If heterosexual feelings are predominant, there may also be feelings of conflict over experiencing such sexual feelings. Process the client's feelings as they arise and encourage self-acceptance and positive regard.

JOURNAL OF SEXUAL THOUGHTS, FANTASIES, CONFLICTS

This exercise helps you become more aware of your own sexual thoughts, feelings, fantasies, and desires. If we experience conflict over our sexual feelings, we tend to repress those feelings and try to deny their existence. Try to overcome a natural tendency toward inhibiting the expression of these thoughts and feelings. Remember, at this point you are only writing about what you think and feel, you are not acting on these impulses without thought or consideration of values. To clarify your own sexuality, you first need to identify the naturally occurring urges and desires within you.

1. **Journal Task:** Use the form to enter information on a daily basis regarding your sexual thoughts, any accompanying trigger situations that stimulate those thoughts or fantasies, the degree of arousal you experience associated with your sexual thoughts, and finally, describe any internal moral conflict that may inhibit these thoughts or internal approval that may encourage these thoughts.

Entry 1 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>
	Degree of Arousal	<div style="display: flex; align-items: center; justify-content: space-between;"> 1 2 3 4 5 </div> <div style="display: flex; align-items: center; justify-content: space-between; margin-top: 5px;"> None Very Strong </div>
	Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>

Entry 2 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>															
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>															
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;">None</td> <td></td> <td></td> <td></td> <td style="border: none;">Very Strong</td> </tr> </table>						1	2	3	4	5	None				Very Strong
1	2	3	4	5													
None				Very Strong													
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>																

Entry 3 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>															
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>															
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;">None</td> <td></td> <td></td> <td></td> <td style="border: none;">Very Strong</td> </tr> </table>						1	2	3	4	5	None				Very Strong
1	2	3	4	5													
None				Very Strong													
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>																

Entry 4 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>														
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>														
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">4</td> <td style="border: none; text-align: center;">5</td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">None</td> <td colspan="4"></td> <td style="border: none;">Very Strong</td> <td style="border: none;"></td> </tr> </table>		1	2	3	4	5		None					Very Strong	
		1	2	3	4	5										
None					Very Strong											
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>															

Entry 5 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>														
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>														
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">4</td> <td style="border: none; text-align: center;">5</td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">None</td> <td colspan="4"></td> <td style="border: none;">Very Strong</td> <td style="border: none;"></td> </tr> </table>		1	2	3	4	5		None					Very Strong	
		1	2	3	4	5										
None					Very Strong											
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>															

Entry 6 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>															
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>															
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;">None</td> <td></td> <td></td> <td></td> <td style="border: none;">Very Strong</td> </tr> </table>						1	2	3	4	5	None				Very Strong
1	2	3	4	5													
None				Very Strong													
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>																

Entry 7 Day/Date and Time: <hr/> <hr/>	Sexual Thoughts	<hr/> <hr/> <hr/> <hr/>															
	Trigger Situation	<hr/> <hr/> <hr/> <hr/>															
	Degree of Arousal	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;">None</td> <td></td> <td></td> <td></td> <td style="border: none;">Very Strong</td> </tr> </table>						1	2	3	4	5	None				Very Strong
1	2	3	4	5													
None				Very Strong													
Internal Conflict or Approval	<hr/> <hr/> <hr/> <hr/>																

2. Rate the average degree of sexual arousal felt toward same-sex individuals during the week.

1	2	3	4	5
No				Strong
Attraction				Attraction

3. Rate the average degree of sexual arousal felt toward the opposite sex during the week.

1	2	3	4	5
No				Strong
Attraction				Attraction

4. How sure are you that the ratings you gave in number 2 and number 3 above are accurate and reliable?

1	2	3	4	5
Not				Very
Sure				Sure

If you are not sure, what contributes to your confusion on this issue?

5. What type of person triggers your feelings of sexual attraction?

6. At what point in your life did you first become aware of your feelings of sexual attraction that are described in number 2 or number 3 above?

7. How comfortable are you with your feelings of sexual attraction and arousal?

1	2	3	4	5
Very				Very
Uncomfortable				Comfortable

Explain: _____

TO WHOM AND HOW TO REVEAL MY HOMOSEXUALITY

GOALS OF THE EXERCISE

1. Identify trusted people who could receive and accept information about the homosexual orientation.
2. Anticipate the thoughts and feelings of the recipient of the disclosure.
3. Carefully prepare a statement of disclosure and identify the most appropriate time for sharing it.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- None

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

After clarifying his/her own homosexual identity, the client still has a major task in front of him/her. The client must think through the process of disclosure of his/her sexual orientation with significant people in his/her life. This exercise is designed to help the client through that process of deciding where, when, and to whom the information will be disclosed, as well as possible questions and reactions the recipients may have. Process the completed assignment with the client, allowing him/her to revise his/her statement of disclosure, as well as giving him/her the opportunity to work through the feelings of anxiety and fear of rejection that most often accompany this step. Help the client reach out to develop a support network to reduce feelings of isolation and alienation.

TO WHOM AND HOW TO REVEAL MY HOMOSEXUALITY

If you are convinced of your homosexual orientation, you now must work through the feelings associated with that realization. When you are convinced that you are homosexual, and you have clarified, expressed, and worked through the feelings associated with that fact, then you must formulate a plan for disclosure of this fact to significant people in your life. This exercise is designed to help you think through the process of disclosure or coming out. This is a difficult but important step in declaring who you are and seeking acceptance.

1. Who are all of the people you think should eventually be told of your homosexual orientation?

2. Who is the first person you are going to tell about your homosexual orientation who is not already aware of it?

3. When do you believe you should tell your parents of your homosexual orientation?

4. Do you believe your parents already have some idea that you may be homosexual? Why or why not?

5. Who already knows about your homosexual orientation?

6. When you tell your parents about your homosexual orientation, what reaction do you expect from your mother regarding your disclosure?

7. What reaction do you expect from your father regarding your disclosure?

8. What reaction do you expect from other important family members like siblings, grandparents, cousins, and so on? (Name the person and his/her expected reaction.)

11. What questions might the recipient of this information have after they hear your disclosure?

12. Describe an exact person, time, and setting when you would be most comfortable making such a disclosure.

SLEEP PATTERN RECORD

GOALS OF THE EXERCISE

1. Increase awareness of effective sleep induction routines.
2. Implement a sleep induction routine.
3. Keep a daily record of stress, sleep pattern, disturbing dreams, and sleep inductions used.
4. Increase the amount of time in restful sleep.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Anxiety
- Chemical Dependence
- Depression
- Mania or Hypomania

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Establishing an effective sleep routine is essential to breaking through the pattern of sleep disturbance that plagues many clients. Help the client establish a routine that will be consistently implemented. You may want to review the suggestions in the first section of this assignment and you may want to add some techniques that are not listed. The client's journal may produce additional information about anxiety-producing events in his/her life that may need problem solving to increase restful sleep.

SLEEP PATTERN RECORD

Insomnia is a widespread problem, especially in our fast-paced culture. Some people delude themselves into thinking they need only 4 or 5 hours of sleep when most adults need about 7 hours of sleep on a regular basis. Other people think they do not sleep at all, but people who observe them discover that they do sleep for several hours during the night even though they may awaken periodically. There are techniques that can help people develop a better sleep routine. The most important techniques involve establishing a consistent sleep and wake-up time every day, exercising regularly, and avoiding alcohol. The following list will give you ideas about other sleep induction ideas that have been successful for many people. Review each of these and place a checkmark next to those that you are willing to implement on a consistent daily basis to establish a sleep induction routine.

1. Sleep Induction Procedures:

- Engage in daily vigorous exercise during the afternoon for 20 to 30 minutes.
- Avoid spicy foods at night.
- Take a warm bath/shower 30 minutes prior to bed.
- Drink milk 30 minutes prior to bed (or take a Melatonin tablet).
- Avoid conflict issues prior to bed.
- Read a book while in bed.
- Go to bed and get out of bed at the same time every day.
- Use deep muscle relaxation techniques to reduce tension.
- Imagine relaxing scenes while in bed rather than thinking about the next day.
- Avoid coffee, tea, colas, chocolate, and other foods or drinks containing caffeine.
- Write down disturbing thoughts to get them off your mind.
- Focus on diaphragm breathing, counting each deep breath backward from 100.
- Avoid alcohol 4 to 5 hours prior to bed.
- Play soothing, quiet music or “white noise.”

2. Keep a daily record of stressful events, sleep pattern, disturbing dreams, and sleep induction techniques used.

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____ _____

Day/Date: _____ _____	Stressful Events	_____ _____ _____
	Sleep Pattern	Start time: _____ End time: _____ Number of times awakened: _____ Total time awake: _____ Total time sleeping: _____
	Disturbing Dreams	_____ _____ _____ _____
	Sleep Induction Techniques Used	_____ _____ _____ _____

3. Describe the relationship between stress and sleep disturbance or bad dreams.

4. Rate the effectiveness of your sleep induction routines.

1	2	3	4	5
Not Effective				Very Effective

RESTORING SOCIALIZATION COMFORT

GOALS OF THE EXERCISE

1. Identify distorted, negative automatic thoughts that lead to social anxiety.
2. Identify possible root causes for the pattern of negative thinking.
3. Develop and implement positive cognitions that build social confidence.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Low Self-Esteem
- Panic
- Sexual Abuse

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise is designed around cognitive therapy principles. The client must first identify negative automatic thoughts that feed his/her social anxiety. Then the client must work to discover some past experiences that contribute to these negative thinking patterns. Finally, the client is challenged to begin to think positively as a means of overcoming fear and social withdrawal. You may want to review some of the examples of distorted automatic thoughts that feed fear and add some of your own to the list in Item 1. You may also have to help the client develop and write positive, realistic statements that build confidence and counteract fear.

RESTORING SOCIALIZATION COMFORT

Fear of being around other people is based in the automatic interpretative thoughts that rise when one considers the social situation. The distorted thoughts lead to negative emotions that lead to maladaptive behavior. In the case of social discomfort, the unrealistic thoughts lead to fear which leads to social withdrawal and isolation behavior. This exercise is designed to help you identify your distorted thoughts and think about their origins as well as discover ways to replace them with more realistic thoughts.

1. View the common distorted, automatic thoughts that are listed and that lead to fear and social withdrawal. Check those thoughts that you have experienced.

- I never know what to say.
- I'll make a fool of myself if I speak up.
- These people are much brighter than I am.
- This person does not like me.
- I'm going to have a panic attack.
- People are mean and critical.
- I can't speak to people unless I have a few drinks first.
- Every time I'm in a group situation, people ignore me.
- I can tell by the way she is looking at me that she thinks I'm stupid.
- I've never been good with words.

2. What other negative thoughts go through your mind when you consider a social encounter?

3. Why do you think so negatively about interacting with others? What experiences have taught you to lack confidence?

4. Describe any childhood experiences with critical or rejecting parents, siblings, or peers that you believe still contribute to your current anxiety around people.

5. What is your greatest fear about social interaction?

6. Rate the strength of your desire to overcome your social fears.

1		2		3		4		5
No								Strong
Desire								Desire

7. Recall a time when you felt good about and enjoyed your social interaction. What was different in that situation? What made you able to overcome your anxiety?

8. How could you apply the coping skill you used in the situation described in item 7 to new social encounters?

9. Write three positive statements that are the opposite of the distorted, automatic thoughts that commonly lead to your fear of social interaction. Use these thoughts to build confidence and counteract the negative thoughts that build fear.

A. _____

B. _____

C. _____

CONTROLLING THE FOCUS ON PHYSICAL PROBLEMS

GOALS OF THE EXERCISE

1. Reduce focus on somatic complaints and increase attention to positive traits and activities.
2. Reduce the amount of time given to somatic complaints.
3. Identify emotional stresses that underlie the focus on physical complaints.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chronic Pain
- Medical Issues

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The client with somatization issues is choosing to make his/her bodily concerns the primary or only focus of his/her attention. This can be very disconcerting to significant others around him/her and can also seriously reduce the client's ability to function effectively. This exercise focuses the client on his/her assets and enjoyable activities. It also limits the amount of time given to somatic complaints by structuring the "worry time" to 30 minutes per day. Reinforce the importance of this structured time to the client and encourage him/her to use the rest of the day to focus on other issues. The client may also need help in examining his/her emotional issues that may lie beneath the somatic complaints because these clients will attempt to strongly avoid focusing on underlying issues. Reinforce all of the client's time and attention given to productive activities that are unrelated to his/her somatic complaints.

CONTROLLING THE FOCUS ON PHYSICAL PROBLEMS

It is important to establish a proper balance to your perspective on life. Although you have concerns about your physical well-being, there is much more to you and your life than those concerns. Your identity as a person is much greater than someone who is only focused on health and bodily worries. You must control the amount of time and energy given to your anxieties about somatic problems and refocus your life on constructive, productive, and enjoyable activities. This exercise attempts to help you regain your focus and broaden your perspective.

1. List five of your favorite interests—areas of life and activities that you enjoy.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

2. List five abilities, talents, or skills that you have and enjoy.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

3. Considering your interests and abilities, list five activities you could engage in within the next few weeks that would take your mind off your physical health and get you focused on more productive, constructive, stimulating, and enjoyable pursuits.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

4. To make sure your focus on physical problems is decreased while your constructive activity is increased, schedule a specific 30 minutes each day that you will think about, talk about, and write down your physical problems. Even if you have written down your complaint one or more times, keep recording it if it is still on your mind. Do not talk or think about your physical problems at any occasion other than the scheduled time.

Day 1 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 2 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 3 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 4 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 5 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 6 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

Day 7 Date: _____

Time (30 minutes) From _____ : _____ AM/PM to _____ : _____ AM/PM

My physical complaints or problems:

5. What concerns or conflicts are you experiencing that are not related to your physical health (e.g., fears, worries, hurts, frustrations)?

6. Do you think that at times you focus on your physical complaints rather than face your emotional struggles listed in item 5? If so, why do you think you do this?

7. Ask your family and close friends what they think you should do to cope with your physical concerns. Record their responses.

MY HISTORY OF SPIRITUALITY

GOALS OF THE EXERCISE

1. Describe the story of the spiritual quest/journey.
2. Examine how life experiences have influenced beliefs about a higher power.
3. Take steps to deepen spiritual life.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Chemical Dependence
- Chemical Dependence—Relapse
- Depression
- Medical Issues
- Suicidal Ideation

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Research has shown the positive impact that an active and meaningful spiritual life can have on physical and mental health. Explore the client's history of experiences with spiritual concepts and religious practices. Assist him/her in overcoming barriers to a deeper spiritual life if he/she shows an interest in pursuing this. Be respectful of the client's religious and spiritual preferences.

2. **Where Am I Now Spiritually and How Did I Get Here?**

A. What do I currently believe about a higher power or God?

B. How are my thoughts about God as Father influenced by my experiences with my own father or mother?

C. How have my life experiences influenced my beliefs and feelings toward God?

D. What do I think prevents me from developing a more meaningful spiritual life?

E. What is the difference between spirituality and religion? Are they related?

F. What positive and negative experiences have I had with religious people?

G. Do I believe God is harsh and judgmental or loving and forgiving? How does my belief affect my spiritual relationship?

H. What three things could I do to make my life of faith and spirituality more meaningful?

JOURNAL OF DISTORTED, NEGATIVE THOUGHTS

GOALS OF THE EXERCISE

1. Identify situations and distorted cognitions that lead to suicidal urges.
2. Identify positive aspects of your life and components of a positive social support network.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Borderline Personality
- Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

After the client has completed a journal that identifies trigger situations and distorted cognitions that lead to suicidal urges, it is most important that he/she be provided with the challenge for the lack of accuracy to his/her thinking. Each of his/her dysfunctional thoughts must be replaced with one that is positive and self-enhancing. You need to provide the structure for this replacement process.

JOURNAL OF DISTORTED, NEGATIVE THOUGHTS

When you are caught in the web of depression and hopelessness, you need to identify those situations and thoughts that are pushing you to the edge of life. This exercise helps you discover those distorted, discouraging thoughts and the situations that seem to trigger them. It is also important that you attempt to put some perspective to your life by identifying the positive aspects of your situation and those people who support and care for you.

1. Keep a daily record of the trigger situations and your self-defeating, negative thoughts that lead to consideration of suicide.

Incident One Day/Date: _____ _____	Trigger Situation _____ _____ _____	_____ _____ _____ _____
	Discouraging Thought _____ _____ _____ _____	_____ _____ _____ _____

Incident Two Day/Date: _____ _____	Trigger Situation _____ _____ _____	_____ _____ _____ _____
	Discouraging Thought _____ _____ _____ _____	_____ _____ _____ _____

Incident Three Day/Date: _____ _____	Trigger Situation _____ _____ _____
	Discouraging Thought _____ _____ _____

Incident Four Day/Date: _____ _____	Trigger Situation _____ _____ _____
	Discouraging Thought _____ _____ _____

Incident Five Day/Date: _____ _____	Trigger Situation _____ _____ _____
	Discouraging Thought _____ _____ _____

Incident Six Day/Date: <hr/> <hr/>	Trigger Situation <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	Discouraging Thought <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

Incident Seven Day/Date: <hr/> <hr/>	Trigger Situation <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	Discouraging Thought <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

2. What are the most commonly occurring discouraging thoughts?

3. What situations are causing you the most conflict and hopelessness?

4. What are the positive and hopeful aspects of your present life?

5. Who are the people who are most concerned for you and want you to be happy?

THE AFTERMATH OF SUICIDE

GOALS OF THE EXERCISE

1. Identify the devastating effects that suicide can have on family members and significant others.
2. Identify unmet needs that lie beneath the suicidal urges and self-destructive behavior.
3. Reestablish a sense of hope in life.
4. Identify a supportive network of people who can be turned to when experiencing suicidal thoughts or urges to harm self.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Depression

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

In this assignment, the client is asked to identify the effects that the decision to take his/her life would have on his/her family members and other key individuals. The responses to the questions can help provide insight into the factors contributing to the emergence of the suicidal thoughts or urges. More specifically, the responses may reveal the client's unmet needs, internal conflicts, or fantasies that lie beneath the suicidal urges. It is strongly recommended that this assignment be completed within the therapy session. The therapist should be ready to refer the client for inpatient hospitalization if this step is believed necessary. If the client's suicide risk is not assessed to be high enough to warrant hospitalization, the therapist is encouraged to establish a suicide prevention contract, arrange for 24 hour supervision by a significant other, and/or provide him/her with phone numbers for agencies or individuals (e.g., crisis hot line) in the event that he/she may become suicidal in the future.

THE AFTERMATH OF SUICIDE

It is not uncommon for people who have had thoughts of suicide to wonder what would happen if they were to take their own life. Sometimes, people daydream or fantasize about how other people would respond if they were to choose to end their life. This exercise looks at the impact that the decision to take your own life would have on others. Please answer the following questions.

1. What problems would be created for others if you took your life?

2. What impact would your decision to take your life have on your:

Partner? _____

Children? _____

Mother? _____

Father? _____

Siblings? _____

Grandparents? _____

Other key family members (please provide names)? _____

Friends? _____

Enemies? (Who?) _____

3. What are your spiritual beliefs about what would happen to you should you choose to take your life?

4. What would people say about you at your funeral if you took your life?

5. What would you *want* people to say about you at your funeral?

6. What would you like to tell others about why you have wanted to die?

7. Who can you turn to for emotional support to deal with your problems and painful emotions?

8. What can others *say* to you that would help you feel emotionally stronger and less depressed?

9. What could others *do* to help you feel emotionally stronger and less depressed?

10. What can you do to help yourself become more hopeful about the future?

11. Rate the strength of the urge to kill yourself.

1	2	3	4	5
No				Uncontrollable
Urge				Urge

DEVELOPING NONCOMPETITIVE VALUES

GOALS OF THE EXERCISE

1. Accept that life is out of balance with too great an emphasis on drive, achievement, and competition.
2. Reprioritize values resulting in being less oriented toward achievement and more toward relaxation and relationship building.
3. List and commit to engagement in noncompetitive activities.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Phase of Life Problems
- Spiritual Confusion

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise will help the client clarify values and focus on engagement in activities that lead to new priorities. The client will have to be held accountable for following through with implementing these planned activities because the inclination will be to not be able to find the time. Review the activity list the client produces and suggest additional activities that may be helpful in developing a more relaxed, spiritual, relational, and inner focus.

DEVELOPING NONCOMPETITIVE VALUES

A person who is constantly driven and preoccupied with getting ahead, winning at all costs, and dominating all social or business situations has lost balance. This person is typically impatient with others and cannot sit quietly and relax. The need for balance calls for less self-focus, a greater orientation toward others, less competition and impatience with others, and more nurturing of and valuing friendship. Use this exercise to reflect on ways that you can restore balance to your life and reduce the drive to only achieve more and more.

1. **Relationships:** List the relationships in your life that are important to you. Next to each name, write an activity you could engage in with that person that would nurture and strengthen the closeness of the relationship.

Name	Activity
A. _____	_____ _____ _____
B. _____	_____ _____ _____
C. _____	_____ _____ _____
D. _____	_____ _____ _____

2. **Recreation:** List the recreational activities that would be relaxing, enjoyable, and serve to calm your spirit. Write a date that you could initiate such an activity.

Activity

Date

A. _____

B. _____

C. _____

3. **Spiritual Growth:** List activities that you could engage in that would foster the spiritual aspect of your character. List a date to begin this activity.

Activity

Date

A. _____

B. _____

C. _____

4. **Reflection and Aesthetics:** List activities that you could engage in that would develop your ability to reflect, relax, and enjoy the art of life. Write a date to begin.

Activity

Date

A. _____

B. _____

C. _____

5. **Giving to Others:** List activities that you could participate in that would be a service to others. Write a date to begin.

Activity

Date

A. _____

B. _____

C. _____

A VOCATIONAL ACTION PLAN

GOALS OF THE EXERCISE

1. Overcome immobilizing feelings of helplessness, anxiety, and resentment.
2. Identify and replace negative, distorted cognitive messages that foster stress.
3. List proactive steps to be taken to reduce the vocational stress.

ADDITIONAL PROBLEMS FOR WHICH THIS EXERCISE MAY BE MOST USEFUL

- Financial Stress

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Clients who have experienced failure, rejection, confrontation, or conflict related to employment can easily become immobilized with fear and helplessness. Whether the client is in job jeopardy, has been terminated, or is in conflict with personnel at work, he/she needs to accept responsibility for the choices he/she has to take constructive action to improve the situation. You may need to assist the client in identifying and replacing his/her self-defeating cognitions in Section 2. Hold the client accountable and reinforce action taken to implement the proactive steps of Section 3.

A VOCATIONAL ACTION PLAN

It is common for a person to feel overwhelmed by vocational stress and to then develop a feeling of hopelessness and helplessness. You may feel you are not in control of your situation and that others are pulling all of the strings. But you must recapture a sense of controlling those things that you can and should control. You must develop a plan of action to respond proactively to your circumstance rather than to be immobilized by the events around you. Other people may have made decisions and implemented actions that affect you directly, but you do not have to be passive in response. You have choices before you in terms of how to respond assertively and constructively to reduce conflict and/or open new avenues for exploration.

1. **Resource People:** List three people who you can rely on to help you through this stressful time by providing support and constructive suggestions for action.
 - A. _____
 - B. _____
 - C. _____

2. **Identify Self-Defeating Messages:** First, list the negative, pessimistic, self-defeating, and distorted thoughts that cause you to feel hopeless, anxious, and help-less about your vocational situation (e.g., “Nothing I can do will help the situation,” “Everything I have tried has failed,” “I am only going to be rejected again”).
 - A. _____

 - B. _____

 - C. _____

 - D. _____

 - E. _____

3. **Replace Self-Defeating Messages:** Now challenge these negative thoughts that fill your mind and cause you to be angry, depressed, worried, or immobilized. Replace each thought with a more realistic, energizing thought that can move you into constructive action to improve your circumstance (e.g., “I have choices regarding what I can do to try to improve the situation,” “I need to try again at implementing change,” “There are people that do believe in me so I can take risks to reach out”).

A. _____

B. _____

C. _____

D. _____

E. _____

4. **Proactive Steps:** Write five actions you will take to improve your situation and reduce vocational stress.

A. _____

B. _____

C. _____

D. _____

E. _____

Appendix

ALTERNATE ASSIGNMENTS FOR PRESENTING PROBLEMS

Anger Management

Antisocial Behavior	How I Have Hurt Others	14
Antisocial Behavior	Letter of Apology	16
Attention Deficit Disorder (ADD)— Adult	Problem Solving: An Alternative to Impulsive Action	28
Borderline Personality	Plan Before Acting	43
Family Conflict	Applying Problem-Solving to Interpersonal Conflict	144
Legal Conflicts	Accept Responsibility for Illegal Behavior	188
Legal Conflicts	Crooked Thinking Leads to Crooked Behavior	191
Parenting	Using Reinforcement Principles in Parenting	246

Antisocial Behavior

Anger Management	Alternatives to Destructive Anger	2
Anger Management	Anger Journal	8
Dissociation	Describe the Trauma	122
Family Conflict	Applying Problem-Solving to Interpersonal Conflict	144
Legal Conflicts	Accept Responsibility for Illegal Behavior	188
Legal Conflicts	Crooked Thinking Leads to Crooked Behavior	191

Anxiety

Borderline Personality	Journal and Replace Self-Defeating Thoughts	36
Depression	Negative Thoughts Trigger Negative Feelings	114
Depression	Positive Self-Talk	119
Low Self-Esteem	Replacing Fears with Positive Messages	197
Obsessive-Compulsive Disorder (OCD)	Making Use of the Thought-Stopping Technique	228
Panic	Monitoring My Panic Attack Experiences	236
Phobia	Four Ways to Reduce Fear	257
Sleep Disturbance	Sleep Pattern Record	291

Attention Deficit Disorder (ADD)—Adult

Anger Management	Alternatives to Destructive Anger	2
Borderline Personality	Plan Before Acting	43
Cognitive Deficits	Memory Aid—Personal Information Organizer	93
Cognitive Deficits	Memory Enhancement Techniques	98
Impulse Control Disorder	Impulsive Behavior Journal	172
Mania or Hypomania	Recognizing the Negative Consequences of Impulsive Behavior	210
Mania or Hypomania	Why I Dislike Taking My Medication	218

Borderline Personality

Anger Management	Alternatives to Destructive Anger	2
Anger Management	Anger Journal	8
Dependency	Satisfying Unmet Emotional Needs	104
Dissociation	Describe the Trauma	122
Impulse Control Disorder	Impulsive Behavior Journal	172
Mania or Hypomania	Recognizing the Negative Consequences of Impulsive Behavior	210
Suicidal Ideation	Journal of Distorted, Negative Thoughts	308

Chemical Dependence

Antisocial Behavior	How I Have Hurt Others	14
Antisocial Behavior	Letter of Apology	16
Chemical Dependence—Relapse	Early Warning Signs of Relapse	61
Chemical Dependence—Relapse	Identifying Relapse Triggers and Cues	65
Chemical Dependence—Relapse	Relapse Prevention Planning	70
Chemical Dependence—Relapse	Relapse Symptom Line	74
Educational Deficits	The Advantages of Education	141
Impulse Control Disorder	Impulsive Behavior Journal	172
Mania or Hypomania	Recognizing the Negative Consequences of Impulsive Behavior	210
Mania or Hypomania	What Are My Good Qualities?	214
Obsessive-Compulsive Disorder (OCD)	Reducing the Strength of Compulsive Behaviors	232
Sleep Disturbance	Sleep Pattern Record	291
Spiritual Confusion	My History of Spirituality	304

Chemical Dependence—Relapse

Antisocial Behavior	How I Have Hurt Others	14
Antisocial Behavior	Letter of Apology	16
Chemical Dependence	Aftercare Plan Components	47
Chemical Dependence	Relapse Triggers	51
Chemical Dependence	Substance Abuse Negative Impact Versus Sobriety's Positive Impact	55
Educational Deficits	The Advantages of Education	141
Impulse Control Disorder	Impulsive Behavior Journal	172
Mania or Hypomania	Recognizing the Negative Consequences of Impulsive Behavior	210
Obsessive-Compulsive Disorder (OCD)	Reducing the Strength of Compulsive Behaviors	232
Spiritual Confusion	My History of Spirituality	304

Childhood Trauma

Dissociation	Describe the Trauma	122
Phobia	Gradually Reducing Your Phobic Fear	261
Posttraumatic Stress Disorder (PTSD)	How the Trauma Affects Me	265
Posttraumatic Stress Disorder (PTSD)	Share the Painful Memory	267

Chronic Pain

Phase of Life Problems	What's Good About Me and My Life?	254
Somatization	Controlling the Focus on Physical Problems	300

Cognitive Deficits

Dissociation	Staying Focused on the Present Reality	126
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Dependency

Anxiety	Analyze the Probability of a Feared Event	21
Intimate Relationship Conflicts	How Can We Meet Each Other's Needs and Desires?	179
Low Self-Esteem	Replacing Fears with Positive Messages	197
Phase of Life Problems	What's Good About Me and My Life?	254

Depression

Anxiety	Analyze the Probability of a Feared Event	21
Borderline Personality	Journal and Replace Self-Defeating Thoughts	36
Cognitive Deficits	Memory Aid—Personal Information Organizer	93
Dependency	Making Your Own Decisions	101
Dependency	Satisfying Unmet Emotional Needs	104
Grief/Loss Unresolved	Creating a Memorial Collage	165
Grief/Loss Unresolved	Dear _____: A Letter to a Lost Loved One	168
Low Self-Esteem	Acknowledging My Strengths	194
Low Self-Esteem	Replacing Fears with Positive Messages	197
Mania or Hypomania	What Are My Good Qualities?	214
Mania or Hypomania	Why I Dislike Taking My Medication	218
Phase of Life Problems	What Needs to be Changed in My Life?	251
Phase of Life Problems	What's Good About Me and My Life?	254
Psychoticism	What Do You Hear and See?	271
Sleep Disturbance	Sleep Pattern Record	291
Spiritual Confusion	My History of Spirituality	304
Suicidal Ideation	Journal of Distorted, Negative Thoughts	308
Suicidal Ideation	The Aftermath of Suicide	312

Dissociation

Cognitive Deficits	Memory Aid—Personal Information Organizer	93
Sexual Abuse	A Blaming Letter and a Forgiving Letter to Perpetrator	274
Sexual Abuse	Picturing the Place of the Abuse	277

Eating Disorder

Depression	Negative Thoughts Trigger Negative Feelings	114
Female Sexual Dysfunction	Study Your Body: Clothed and Unclothed	157
Obsessive-Compulsive Disorder (OCD)	Making Use of the Thought-Stopping Technique	228
Obsessive-Compulsive Disorder (OCD)	Reducing the Strength of Compulsive Behaviors	232

Family Conflict

Anger Management	Alternatives to Destructive Anger	2
Anger Management	Anger Journal	8
Antisocial Behavior	Letter of Apology	16
Depression	Identify and Schedule Pleasant Activities	111
Financial Stress	Plan a Budget	161
Parenting	Using Reinforcement Principles in Parenting	246

Female Sexual Dysfunction

Intimate Relationship Conflicts	How Can We Meet Each Other's Needs and Desires?	179
Intimate Relationship Conflicts	Positive and Negative Contributions to the Relationship: Mine and Yours	184
Male Sexual Dysfunction	Journaling the Response to Nondemand, Sexual Pleasuring (Sensate Focus)	202
Sexual Identity Confusion	Journal of Sexual Thoughts, Fantasies, Conflicts	280

Financial Stress

Educational Deficits	My Academic and Vocational Strengths	138
Educational Deficits	The Advantages of Education	141
Impulse Control Disorder	Impulsive Behavior Journal	172
Vocational Stress	A Vocational Action Plan	319

Grief/Loss Unresolved

Dependency	Making Your Own Decisions	101
Dependency	Satisfying Unmet Emotional Needs	104
Depression	Negative Thoughts Trigger Negative Feelings	114
Depression	Positive Self-Talk	119

Impulse Control Disorder

Anxiety	Past Successful Anxiety Coping	25
Attention Deficit Disorder (ADD)— Adult	Problem Solving: An Alternative to Impulsive Action	28
Legal Conflicts	Accept Responsibility for Illegal Behavior	188
Mania or Hypomania	Recognizing the Negative Consequences of Impulsive Behavior	210

Intimate Relationship Conflicts

Antisocial Behavior	Letter of Apology	16
Dependency	Satisfying Unmet Emotional Needs	104

Depression	Identify and Schedule Pleasant Activities	111
Depression	Negative Thoughts Trigger Negative Feelings	114
Family Conflict	Applying Problem-Solving to Interpersonal Conflict	144
Female Sexual Dysfunction	Factors Influencing Negative Sexual Attitudes	153
Grief/Loss Unresolved	Creating a Memorial Collage	165
Grief/Loss Unresolved	Dear _____: A Letter to a Lost Loved One	168
Paranoid Ideation	Check Suspicions Against Reality	239
Parenting	Using Reinforcement Principles in Parenting	246
Sexual Identity Confusion	Journal of Sexual Thoughts, Fantasies, Conflicts	280
Legal Conflicts		
Antisocial Behavior	How I Have Hurt Others	14
Antisocial Behavior	Letter of Apology	16
Impulse Control Disorder	Impulsive Behavior Journal	172
Low Self-Esteem		
Anxiety	Analyze the Probability of a Feared Event	21
Borderline Personality	Journal and Replace Self-Defeating Thoughts	36
Childhood Trauma	Feelings and Forgiveness Letter	82
Dependency	Making Your Own Decisions	101
Dependency	Satisfying Unmet Emotional Needs	104
Dependency	Taking Steps Toward Independence	108
Depression	Negative Thoughts Trigger Negative Feelings	114
Depression	Positive Self-Talk	119
Female Sexual Dysfunction	Study Your Body: Clothed and Unclothed	157
Mania or Hypomania	What Are My Good Qualities?	214
Sexual Abuse	A Blaming Letter and a Forgiving Letter to Perpetrator	274
Social Discomfort	Restoring Socialization Comfort	297
Male Sexual Dysfunction		
Female Sexual Dysfunction	Factors Influencing Negative Sexual Attitudes	153
Intimate Relationship Conflicts	How Can We Meet Each Other's Needs and Desires?	179
Intimate Relationship Conflicts	Positive and Negative Contributions to the Relationship: Mine and Yours	184
Sexual Identity Confusion	Journal of Sexual Thoughts, Fantasies, Conflicts	280
Mania or Hypomania		
Attention Deficit Disorder (ADD)— Adult	Problem Solving: An Alternative to Impulsive Action	28
Borderline Personality	Plan Before Acting	43
Impulse Control Disorder	Impulsive Behavior Journal	172
Low Self-Esteem	Acknowledging My Strengths	194
Medical Issues	The Impact of My Illness	224
Psychoticism	What Do You Hear and See?	271
Sleep Disturbance	Sleep Pattern Record	291

Medical Issues

Chronic Pain	Pain and Stress Journal	86
Somatization	Controlling the Focus on Physical Problems	300
Spiritual Confusion	My History of Spirituality	304

Obsessive-Compulsive Disorder (OCD)

Anxiety	Analyze the Probability of a Feared Event	21
Anxiety	Past Successful Anxiety Coping	25

Panic

Anxiety	Past Successful Anxiety Coping	25
Social Discomfort	Restoring Socialization Comfort	297

Paranoid Ideation

Depression	Negative Thoughts Trigger Negative Feelings	114
Mania or Hypomania	Why I Dislike Taking My Medication	218
Psychoticism	What Do You Hear and See?	271

Parenting

Family Conflict	A Structured Parenting Plan	148
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Phase of Life Problems

Anxiety	Past Successful Anxiety Coping	25
Chronic Pain	Pain and Stress Journal	86
Cognitive Deficits	Memory Aid—Personal Information Organizer	93
Educational Deficits	My Academic and Vocational Strengths	138
Family Conflict	Applying Problem-Solving to Interpersonal Conflict	144
Financial Stress	Plan a Budget	161
Grief/Loss Unresolved	Dear _____: A Letter to a Lost Loved One	168
Type A Behavior	Developing Noncompetitive Values	316

Phobia

Depression	Negative Thoughts Trigger Negative Feelings	114
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Posttraumatic Stress Disorder (PTSD)

Anger Management	Alternatives to Destructive Anger	2
Anger Management	Anger Journal	8
Childhood Trauma	Changing from Victim to Survivor	78
Childhood Trauma	Feelings and Forgiveness Letter	82
Dissociation	Describe the Trauma	122
Dissociation	Staying Focused on the Present Reality	126
Phobia	Gradually Reducing Your Phobic Fear	261

Psychoticism

Cognitive Deficits	Memory Aid—Personal Information Organizer	93
Dissociation	Staying Focused on the Present Reality	126
Mania or Hypomania	Why I Dislike Taking My Medication	218
Medical Issues	How I Feel About My Medical Treatment	221
Medical Issues	The Impact of My Illness	224
Paranoid Ideation	Check Suspicions Against Reality	239

Sexual Abuse

Childhood Trauma	Changing from Victim to Survivor	78
Childhood Trauma	Feelings and Forgiveness Letter	82
Dissociation	Describe the Trauma	122
Dissociation	Staying Focused on the Present Reality	126
Low Self-Esteem	Replacing Fears with Positive Messages	197
Mania or Hypomania	What Are My Good Qualities?	214
Posttraumatic Stress Disorder (PTSD)	How the Trauma Affects Me	265
Posttraumatic Stress Disorder (PTSD)	Share the Painful Memory	267
Social Discomfort	Restoring Socialization Comfort	297

Sexual Identity Confusion

Female Sexual Dysfunction	Factors Influencing Negative Sexual Attitudes	153
Female Sexual Dysfunction	Study Your Body: Clothed and Unclothed	157

Sleep Disturbance

Paranoid Ideation	Check Suspicions Against Reality	239
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Social Discomfort

Anxiety	Analyze the Probability of a Feared Event	21
Anxiety	Past Successful Anxiety Coping	25
Borderline Personality	Journal and Replace Self-Defeating Thoughts	36
Dependency	Satisfying Unmet Emotional Needs	104
Depression	Negative Thoughts Trigger Negative Feelings	114
Low Self-Esteem	Acknowledging My Strengths	194
Low Self-Esteem	Replacing Fears with Positive Messages	197
Mania or Hypomania	What Are My Good Qualities?	214
Paranoid Ideation	Check Suspicions Against Reality	239
Panic	Monitoring My Panic Attack Experiences	257
Phobia	Four Ways to Reduce Fear	261
Phobia	Gradually Reducing Your Phobic Fear	236

Somatization

Chronic Pain	Pain and Stress Journal	86
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Spiritual Confusion

Type A Behavior	Developing Noncompetitive Values	316
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Suicidal Ideation

Anxiety	Analyze the Probability of a Feared Event	21
Anxiety	Past Successful Anxiety Coping	25
Borderline Personality	Journal and Replace Self-Defeating Thoughts	36
Dependency	Satisfying Unmet Emotional Needs	104
Depression	Negative Thoughts Trigger Negative Feelings	114
Depression	Positive Self-Talk	119
Low Self-Esteem	Acknowledging My Strengths	194
Low Self-Esteem	Replacing Fears with Positive Messages	197
Phase of Life Problems	What Needs to be Changed in My Life?	251
Phase of Life Problems	What's Good About Me and My Life?	254
Spiritual Confusion	My History of Spirituality	304

Type A Behavior

Borderline Personality	Plan Before Acting	43
Depression	Identify and Schedule Pleasant Activities	111
Impulse Control Disorder	Impulsive Behavior Journal	172

Vocational Stress

Educational Deficits	My Academic and Vocational Strengths	138
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ABOUT THE CD-ROM

INTRODUCTION

This appendix provides you with information on the contents of the CD that accompanies this book. For the latest and greatest information, please refer to the ReadMe file located at the root of the CD.

SYSTEM REQUIREMENTS

- A computer with a processor running at 120 Mhz or faster
- At least 32 MB of total RAM installed on your computer; for best performance, we recommend at least 64 MB
- A CD-ROM drive

Note: Many popular word processing programs are capable of reading Microsoft Word files. However, users should be aware that a slight amount of formatting might be lost when using a program other than Microsoft Word.

USING THE CD WITH WINDOWS

To install the items from the CD to your hard drive, follow these steps:

1. Insert the CD into your computer's CD-ROM drive.
2. The CD-ROM interface will appear. The interface provides a simple point-and-click way to explore the contents of the CD.

If the opening screen of the CD-ROM does not appear automatically, follow these steps to access the CD:

1. Click the Start button on the left end of the taskbar and then choose Run from the menu that pops up.
2. In the dialog box that appears, type **d:\setup.exe**. (If your CD-ROM drive is not drive d, fill in the appropriate letter in place of *d*.) This brings up the CD interface described in the preceding set of steps.

USING THE CD WITH A MAC

1. Insert the CD into your computer's CD-ROM drive.
2. The CD-ROM icon appears on your desktop, double-click the icon.
3. Double-click the Start icon.
4. The CD-ROM interface will appear. The interface provides a simple point-and-click way to explore the contents of the CD.

WHAT'S ON THE CD

The following sections provide a summary of the software and other materials you'll find on the CD.

Content

Includes all 79 homework assignments from the book in Word format. Homework assignments can be customized, printed out, and distributed to parent and child clients in an effort to extend the therapeutic process outside of the office. All documentation is included in the folder named "Content."

Applications

The following applications are on the CD:

Microsoft Word Viewer

Windows only. Microsoft Word Viewer is a freeware viewer that allows you to view, but not edit, most Microsoft Word files. Certain features of Microsoft Word documents may not display as expected from within Word Viewer.

USER ASSISTANCE

If you have trouble with the CD-ROM, please call the Wiley Product Technical Support phone number at (800) 762-2974. Outside the United States, call 1(317) 572-3994. You can also contact Wiley Product Technical Support at <http://support.wiley.com>. John Wiley & Sons will provide technical support only for installation and other general quality control items. For technical support of the applications themselves, consult the program's vendor or author.

To place additional orders or to request information about other Wiley products, please call (800) 225-5945.

For information about the CD-ROM, see the **About the CD-ROM** section on pages 329–330.

CUSTOMER NOTE: IF THIS BOOK IS ACCOMPANIED BY SOFTWARE, PLEASE READ THE FOLLOWING BEFORE OPENING THE PACKAGE.

This software contains files to help you utilize the models described in the accompanying book. By opening the package, you are agreeing to be bound by the following agreement:

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