

MHS THRIVE Group Rules/Expectations

- Group Members are expected to attend each scheduled session. Absences must be planned with the therapist and/or group in advance. Documentation of absences may be requested. Attendance below 90% will result in an attendance contract. Three consecutive absences without phone calls will be grounds for discharge. (see attached attendance policy)
- Members must maintain confidentiality. Group issues can not be discussed outside of group or during break. Breaking confidentiality may be grounds for discharge.
- Members are expected to participate in group through active listening, providing support and feedback to peers, being engaged in teaching, presenting diary cards, and completing behavior chains and homework as assigned.
- Members are expected to take problem-solving time and practice skills whenever they report significant distress.
- Members' feedback and behavior is expected to be respectful at all times. Anyone engaged in disrespectful feedback will be given a verbal warning and then may be asked to take a break or leave. Examples of disrespectful behavior include:

Interrupting others

Using inappropriate verbal and/or non-verbal language

Sharing specific details of behaviors that are self-injurious

Not respecting the boundaries of others

Using cell phones or participating in other distracting activities

A pattern of disrespectful behavior may result in a behavior contract, suspension, or discharge from group.

- Members are encouraged to use each other for support outside of group. However, members are expected to be clear and respectful of each others' boundaries. Members are not allowed to have romantic or other private relationships with each other.
- Members are not allowed to use alcohol, drugs, or engage in unhealthy behaviors together. Participating in these behaviors may be grounds for discharge.
- Members are not allowed to engage in SI/SIB behaviors on premises or come to group under the influence of alcohol or drugs. Such behaviors may be grounds for discharge.
- Members may not call other members for 24 hours after they have acted on SI/SIB/TIB behaviors.
- Members are required to participate in ongoing individual therapy and comply with prescribed medications.
- Members are expected to comply with their payment agreements.

Acknowledged by: _____

MHS THRIVE Group Attendance Policy

Consistent attendance is necessary for DBT group to be effective for you and other group members. Attendance, timeliness, and consistency are also important life skills.

It is expected that group members attend group at or above 90% of all scheduled sessions. This policy allows for one absence per month. Please schedule other appointments around your DBT group.

If you fall below 90% attendance, you will be put on an **attendance contract** and your treatment team will be contacted. The contract is for 10 group sessions; you must attend 9/10 of these sessions to go off the attendance contract. If you miss more than 1 time out of those 10 sessions, you will be put on a **discharge contract** and your team will be contacted again.

The discharge contract is also for 10 group sessions. Like the attendance contract, you must attend 9/10 of these sessions to go off of the discharge contract. If you miss more than one of those 10 sessions, you can be discharged from the program and cannot reapply for 3 months.

Excused absences are at the discretion of the group therapist and the group, and may or may not be negotiable. Documentation may be required.

You are responsible for keeping your therapist and the group informed if you have to miss your group session. Always call before group if you will be absent. An absence without a call before group will probably not be excused.

A **Leave of Absence** (LOA) may be granted in some cases at the discretion of the therapist and/or treatment team. LOAs must be planful with a clear time-limit. It is your responsibility to keep your therapist and team informed during an LOA. Documentation of an LOA may be required.

Acknowledged by: _____

MHS THRIVE Attendance/Discharge Contract

- Because your attendance is below 90%, you will go on an attendance or discharge contract. Note that an attendance contract precedes a discharge contract.
- Attendance and discharge contracts require you to attend at least 9 out of the next 10 sessions (90%) starting the day of the contract.
- When you successfully complete either an attendance or discharge contract, it automatically ends.
- If you miss more than 1 time during the attendance contract, you will go on a discharge contract.
- If you miss more than 1 time during the discharge contract, you will be discharged from group.
- If discharged, you cannot reapply to group for 3 months.

Date of **attendance/discharge** (*circle one*) contract: _____

Acknowledged by: _____

Client

Therapist

Co-pay, Co-Insurance, Deductible, and Spend-down Policy effective 1/1/09

Mental Health Systems, PC (MHS) is committed to providing excellent service to our clients. We are a fee for service clinic and cover our expenses through payment for services provided. MHS has legal and contractual obligations to bill clients for co-pays, deductibles, and spend-downs as dictated by your insurance policy.

If you are unable to pay your bill in full, MHS will negotiate a monthly payment agreement that fits your budget. Unlike many other clinics, MHS will not charge you interest on your bill or send your bill to collections. In exchange, we ask that you honor your payment agreement by paying at least the agreed-upon amount each month you have an outstanding balance due to MHS.

All clients whose insurance assesses a copay, co-insurance, spend down or deductible, regardless of financial status, will be required to make some form of regularly scheduled financial contribution toward services received at MHS. No client with an outstanding balance will be seen without a minimum contribution regardless of financial situation.

If you are unable to make your monthly payment, we ask that you inform your therapist and/or business office so that your agreement can be revised if necessary or so another arrangement can be made.

Your monthly payment is due on the 20th of each month. Please give your payment to your therapist or send it to the business office in Edina.

Clients are responsible for informing MHS when a change in insurance occurs.

We understand that loss of insurance or unexpected financial hardship may occur to a client while being seen at MHS. It is MHS's policy not to immediately discharge a current client from our programs because of lack of insurance. Clients are expected to actively pursue health insurance during lapses in coverage. New payment agreements need to be negotiated when clients lose their insurance. Clients without insurance and paying a reduced fee have a maximum of six months to complete the DBT program.

Three consecutive months of non-payment without making another arrangement may be grounds for discharge.

Thank you in advance for honoring your payment agreement. Your cooperation

GOAL SETTING HANDOUT**Vision of Recovery (VOR)**

An individual's VOR is the first step in setting realistic goals. The VOR is the "bigger picture" for the individual. This is where the individual identifies what they want to have their lives look like if they no longer needed consistent medical and mental health services at the level of intensity they are currently involved in.

This is where the individual has one of the first opportunities to identify their hopes and dreams. It provides an initial direction for therapy. It may also identify strengths and motivation to work toward positive change in their lives. Here are a few examples of questions the clinician can pose to the individual:

"What do I want my life to look like in the next few years?"

"What do I want out of life?"

"What do I want my life to look like when I am no longer in primary treatment?"

"Can you imagine what your life looks like when you are no longer in treatment?"

"What do you want your life to look like when pain or illness is no longer controlling your life?"

Goals

Once the VOR has been established it is time to begin working on defining the individual's goals. Goals may be viewed as the degree and direction an individual needs to work in to move closer to their VOR. This is the first step in operationally defining an individual's treatment. Specific targets are identified for treatment that reduces the individual's ability to cope more effectively or function at a higher level. Timelines are typically attached to goals to establish review periods to assess movement throughout the therapeutic process. This is the "middle ground" between the VOR and the specific steps to begin working. It is important to incorporate the individual's own words to promote ownership in the process. If the clinician does not incorporate the individual in the creation process it allows for externalization, decreased motivation, and less perceived control which all lead to demoralization and decreased hope. Perceived power and control are necessary ingredients for the promotion and reinforcement of motivation. Here are a few examples of questions the clinician can pose to the individual:

"What I need to work on to reach my VOR is..."

"My priorities for treatment are..."

"What I need to learn or do differently is..."

Objectives

Once the goals have been established it is time to begin working on the specific steps that are needed to move toward the identified goals. Objectives are behaviorally written and measureable. Objectives tend to be most effective when they are stepwise and sequential. This step is typically where individuals identify their barriers to more effective functioning and are taught specific skills or coping strategies to apply in treatment and generalize to their lives. The timeframes for objectives are typically what the client will do each day or on a weekly basis. Progression may be to initially identify a pattern of functioning, identify strengths and barriers, teach the individual skills or coping strategies, have them apply them in the treatment setting, and assign homework for generalization with a tracking and review process. Homework and objectives need to be reviewed and worked on in each session to promote accountability and consistency. Here are a few examples of questions the clinician can pose to the individual:

“What I need to work on each day to reach my goals is...”

“The first step toward my goal is...followed by...”

“How will I monitor my attempts to apply what I have learned and track if it was effective or not?”

Vision of Recovery -

1. Goal – _____

- a. Objective (step 1) _____
- b. Objective (step 2) _____
- c. Objective (step 3) _____

2. Goal – _____

- a. Objective (step 1) _____
- b. Objective (step 2) _____
- c. Objective (step 3) _____

3. Goal – _____

- a. Objective (step 1) _____
- b. Objective (step 2) _____
- c. Objective (step 3) _____

Goal Setting
BIO

GOAL SETTING HOMEWORK

Step 1: Define:

My *goal* is to: _____

My *need* is to: _____

Step 2: Assets (what are the available resources you can use to achieve your goal):

Step 3: Barriers (what might get in the way of achieving your goal):

Barriers to my goal: _____	Skills I can use: _____
_____	_____
_____	_____

Step 4: Action Plan (what are your behaviors and their timeline to take action towards achieving your goal?):

Action Behavior: _____	Timeline: _____
Action Behavior: _____	Timeline: _____
Action Behavior: _____	Timeline: _____

Step 6: Report the outcome in session.

What was the outcome? _____

Goal Setting

8

BIO

SKILLS IMPLEMENTATION PLAN

Crisis Behavior: _____

*List below behaviors, feeling and situations typically associated with the crisis at each scale level.***0-1 NO CRISIS**

List typical situation:

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use:

.....

1-2 EARLY WARNING SIGNS

List typical situation:

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use:.....

.....

3-4 SOME DISTRESS

List typical situation:

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use:.....

.....

5-6 INCREASED DISTRESS

List typical situation:

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use:.....

7-8 INTENSE DISTRESS

List typical situation:

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use.....

.....

9-10 CRISIS POINT

List typical situation

List typical thoughts,

Feelings,

Behaviors,

.....

Skills to use.....

.....

DIAGNOSES	SYMPTOMS

MEDICATIONS:

1. Dosage.....

2. Dosage.....

3. Dosage.....

4. Dosage.....

5. Dosage.....

6. Dosage.....

7 Dosage.....

MEDICAL ALERTS.....

.....

CONTACTS: List people to call for support (List friends and Mental Health Team members to contact in the event of crisis)

Therapist: Phone #

Psychiatrist: Phone #

Case Manager: Phone #

Friend: Phone #

Other: Phone #

Other: Phone #

IN CASE OF EMERGENCY:

In the event you have exhausted all available skills and contacts, during work hours you may call Mental Health Systems for crisis skills coaching at 952 835 2002

After work hours, or if no answer call CRISIS CONNECTION at (612 379-6363) or 911

Or go to your nearest Emergency room.

Date: _____

Time of Day
(circle)

Activity
(describe)

Intervention
Used
(check)

Level of Pain
BEFORE
Intervention
(check)

Level of Pain
AFTER
Intervention
(check)

Location of Pain
(circle)

Morning:

12:00am-2:00am

2:00am-4:00am

4:00am-6:00am

6:00am-8:00am

8:00am-10:00am

☐ Used medication for
pain
(biological)

☐ Used skills to manage
pain
(psychological)

☐ Used support for pain
(social)

☐ No interventions

☐ **High**
(excruciating, difficulty functioning)

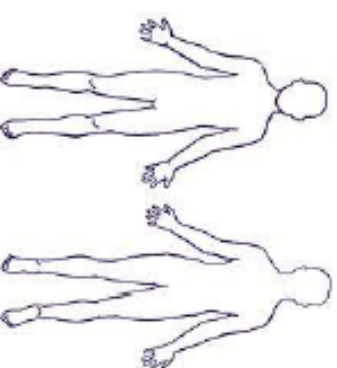
☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)

☐ **High**
(excruciating, difficulty functioning)

☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)



Midday/Evening:

10:00am-12:00pm

12:00pm-2:00pm

2:00pm-4:00pm

4:00pm-6:00pm

☐ Used medication for
pain
(biological)

☐ Used skills to manage
pain
(psychological)

☐ Used support for pain
(social)

☐ No interventions

☐ **High**
(excruciating, difficulty functioning)

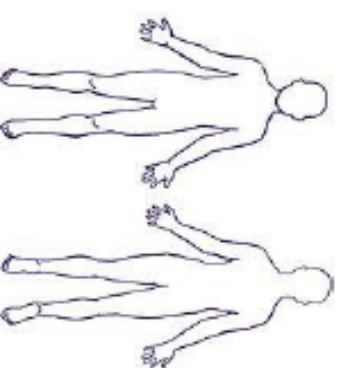
☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)

☐ **High**
(excruciating, difficulty functioning)

☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)



Evening/Night:

6:00pm-8:00pm

8:00pm-10:00pm

10:00pm-12:00am

☐ Used medication for
pain
(biological)

☐ Used skills to manage
pain
(psychological)

☐ Used support for pain
(social)

☐ No interventions

☐ **High**
(excruciating, difficulty functioning)

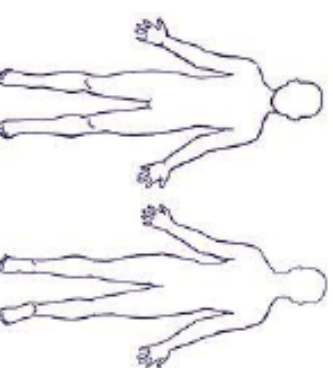
☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)

☐ **High**
(excruciating, difficulty functioning)

☐ **Mild**
(some difficulty functioning)

☐ **Low**
(noticeable, bothersome)



BUILDING A ROUTINE HANDOUT

There are several elements to building a healthy sleep routine. The individual is encouraged to practice these elements for at least one month in a consistent manner.

1. Go to bed when you are sleepy
Do not force your sleep. It may be helpful to set a consistent time to start your bedtime ritual that assists in preparing you for sleep.
2. If you do not fall asleep after 20 minutes, you need to get out of bed
Find a distraction that does not involve strenuous activity and is short in duration. When you become sleepy go back to bed. This may require a commitment to this process over and over until positive gains are achieved.
3. Get out of bed at the same time every morning
You really want to minimize exceptions to this concept. Consistency is a stepping stone to healthy habits. The more we make exceptions, the harder and longer we have to work.
4. Establish a bed-time ritual that helps you prepare for sleep
Engage in activities that calm the mind and body. Warm baths, scents, meditation, stretching, and reading are all effective examples. Notice that watching television is not on this list!
5. Keep your bedroom cool, quiet, and dark
This promotes the 3 C's of sleep – cool, calm, and centered.
6. Keep to your schedule
Creating healthy habits takes time and consistency. Over time the individual will typically experience deeper, restorative sleep.
7. Avoid naps if at all possible

If you must nap keep it to 10-15 minutes in length.

MAINTAINING A SLEEP HYGIENE ROUTINE HANDOUT

1. Bed is for sleep so minimize other activities done in your bed
Your bed is for sleep, not talking on the phone, watching TV, eating, or working on the computer.
2. Minimize or stop caffeine intake after mid-afternoon
This will assist in keeping you calm and relaxed.
3. Avoid any alcohol consumption within six hours of bedtime
Alcohol and deep, restorative sleep do not mix well
4. Avoid big meals or being too hungry before bedtime
It is important to have balance with hunger around bedtime. If you need to eat, moderation is a key.
5. Avoid exercising six hours before bedtime
Daily exercise is very important and needs to be done earlier in the day.
6. Have a plan to cope with worry thoughts
Engage in deep breathing, visualization, or progressive muscle relaxation when agitated. Keep a notepad next to your bed to write your worry thoughts down and address them in the morning (practice letting-go).
7. List strategies to get back to sleep
Focus on relaxing your body and calming your mind. Engage in a quiet, non-stimulating activity.
8. Consult your doctor
This is important to do before starting an exercise program and to assess if your sleep problems require primary medical interventions.

SLEEP HYGIENE HOMEWORK

What steps do you need to take to improve your restorative sleep? Consult the Sleep Hygiene Handouts to assist you with your plan.

1. Preparation:

2. If trouble occurs:

3. When to wake-up:

4. Naps:

5. Maintenance:

BASELINE ASSESSMENT FORM HANDOUT**1. Establish a baseline of current pain through self-assessment.**

This is where the individual rates their pain on a 10-point scale with 10 being extreme pain and 0 being pain-free. The individual then selects a level of pain that is acceptable to them and at a level where they have effective coping strategies.

2. Review similar past activities by examining the frequency that the activity was engaged in and how that affected pain levels.

This is where the individual recalls similar situations and compares their current functioning to previous functioning when engaging in similar activities. The comparison between past and present may provide information on how frequently they engage in activities before their pain levels are pushed to coping threshold.

If the probability for increased pain is high, the individual may need to decrease the frequency of engagement in the activity.

3. Review similar past activities by examining the intensity that the activity was engaged in and how that affected pain levels.

This is where the individual recalls similar situations and compares their current functioning to previous functioning when engaging in similar activities. The comparison between past and present may provide information on how intensely they engage in activities before their pain levels are pushed to coping threshold.

If the probability for increased pain is high, the individual may need to modify the engagement of the activity through pacing or altering the activity itself.

4. Review similar past activities by examining the duration that the activity was engaged in and how that affected pain levels.

This is where the individual recalls similar situations and compares their current functioning to previous functioning when engaging in similar activities. The comparison between past and present may provide information on how long they can engage in activities before their pain levels are pushed to coping threshold.

If the probability for increased pain is high, the individual may need to decrease the length of engagement in the activity. They may need to break down the task into smaller parts that can be accomplished over time in stages.

5. Analyze the data and attempt to predict the pain response given past experience and current functioning and ability.

This is where the individual compares the present situation to what they have learned from the past. They create a probability for increased pain that is low, moderate, or high.

6. Complete a Pros and Cons list for engaging in the activity and for not engaging in the activity.

This is where the individual decides if the “risk is worth the reward.” They also review their current strengths and vulnerabilities.

7. Create/ review their SIP form or coping plan.

This is where the individual creates or reviews a specific coping plan in relation to the activity.

8. Create the action plan and commit to its implementation.

This is where the individual acts on their plan with no regret or remorse. They have done their best to analyze the situation and act accordingly.

BASELINE ASSESSMENT FORM HOMEWORK

1. Establish a baseline of current pain through self-assessment.
2. Review similar past activities by examining the frequency that the activity was engaged in and how that affected pain levels.
3. Review similar past activities by examining the intensity that the activity was engaged in and how that affected pain levels.
4. Review similar past activities by examining the duration that the activity was engaged in and how that affected pain levels.
5. Analyze the data and attempt to predict the pain response given past experience and current functioning and ability.
6. Complete a Pros and Cons list for engaging in the activity and for not engaging in the activity.

Engaging	+	-
NOT Engaging	+	-

7. Create/ review their SIP form or coping plan
8. Create the action plan and commit to its implementation.

SELF-ADVOCACY HOMEWORK
(Medical Comprehensiveness)

Most of pain management is what you are willing to do rather than what your doctors can do for you. Remember, it is your pain, not your doctor's pain. You must be an individual and an active participant in your life, not just a "patient."

1. What could have been done for you to believe that all medical interventions or treatments were tried?
2. What do you feel could be done now to improve your medical interventions or treatments?
3. Do you have all of the medical information necessary to make your decisions?
4. What information might you need and where can you get the desired information?
5. What are your thoughts or beliefs about your current medications?
6. Are your current medications effective?
7. Are you experiencing side-effects that your doctors are aware of?
8. Do you believe that your medical team listens to you?
9. Does your medical team explain things so you can understand them?
10. What are your current priorities that your medical providers need to be aware of and are they aware of them?

MY STORY – Part 1

Please share your story involving physical pain

What were you like before your pain started?

What is your current relationship with your physical pain?

Please share your story involving psychological distress

What were you like before your distress started?

What is your current relationship with your psychological distress?

How does your physical pain affect your psychological well-being?

How does your psychological distress affect your physical functioning?

MY STORY – Part 2

(To be completed as a requirement for graduation from the program)

Please share your story involving physical pain

What was your physical pain like when you started this program?

What is your current relationship with your physical pain?

MY STORY

Please share your story involving psychological distress

What was your psychological distress like when you started this program?

What is your current relationship with your psychological distress?

How does your physical pain and your psychological well-being currently affect your functioning?

Please tell your story as you anticipate it happening for the next year.

BEHAVIOR CHAIN ANALYSIS HOMEWORK

Date:

What was the event? Who? What? When? Where?

What led up to the event? Give specifics of events, people, feelings, and beliefs.

What did you gain or expect to gain by making that choice?
(Emotional, financial, relationships?)

What were the benefits you gained by making your choice?

What were the negative consequences of your choice?
(for yourself, for others)

What skills could you use to intervene next time?
(What might you do differently? Think differently?)

KEEP IT REAL HANDOUT

During the appointment, remember to **KEEP IT REAL**.

1. **Keying in on the task at hand** – You are attending an appointment with a professional. Be respectful and take an active role in your care.
2. **Establish the goals for the appointment** – State your goals at the start of the appointment. It will be clear that you are taking an active role in your treatment and may help in structuring the appointment.
3. **Establish the available time** – Ask the professional how long they **REALISTICALLY** will be in the appointment with you and pace yourself accordingly.
4. **Provide information** – Present your tracking tools and the information you have gathered. This may also include your written list of questions. Be clear and specific.
5. **I statements** – Make consistent “I” statements and take responsibility for your decisions and care.
6. **Take notes** – Write down the answers to your questions to help in remembering the answers. You can also review them later.
7. **Request written materials** – Gather as much information as you can. Information helps with making decisions and motivation.
8. **Engage in reflective communication** – When a question is answered or you need clarity, let the professional know what you heard and check to make sure your interpretation and memory are accurate.
9. **Ask questions** – Be assertive. No question is too silly or stupid to ask. Do not leave the appointment with unanswered questions.
10. **Leave with a clear care plan** – Know what the next steps in your care are and discuss them with the professional before leaving.

KEEP IT REAL HOMEWORK

1. Prioritize needs and wants – Brainstorm needs and wants. Organize them into a list with priorities being at the top.

#1 NEED: _____ #1 WANT: _____
 #2 NEED: _____ #2 WANT: _____
 #3 NEED: _____ #3 WANT: _____

2. Set clear goals and objectives for the appointment – Know the purpose of the meeting and specifically what you want to accomplish before the meeting ends.

GOAL: _____
 What I want to accomplish today: _____

3. Create a list of questions for the professional – Organize your thoughts into a list of questions. Post them in an area that you frequently spend time in so you can add questions to the list as you think of them.

Questions: __: _____ Answered? Y N
 _____ Answered? Y N
 _____ Answered? Y N

4. Organize the tracking forms and tracking cards – Gather the most recent and relevant information you have. This is one way to avoid being forgetful or vague.

Do I have my Tracking Cards Ready? Y N
Do I have all of the most recent information ready? Y N

5. Plan for childcare if needed – Ask a friend, family member, or the professional's facility to assist. It is important to be able to focus your attention and be mindful during the appointment.

Do I need someone to take care of my children? Y N
 If Yes, who can I count on? _____

6. Plan or coordinate transportation – Make sure you have a reliable plan and mode of transportation. This is one of the first reasons individuals miss appointments.

Do I need transportation for this appointment? Y N

If Yes, who can I call? _____

7. Plan for an advocate to attend if needed – Bring something to take notes on in the appointment. If this is difficult, ask if a friend or family member can attend to help you.

Do I need someone there at the appointment with me? Y N

If Yes, who can I count on? _____

8. Visualize the appointment – Imagine yourself staying focused, active, and productive in the meeting. This will help increase your chances of meeting your needs.

What will this appointment be like?

PREPARING FOR AN APPOINTMENT HANDOUT

Preparing for appointments is a very important activity. The individual can structure a set of tasks to complete before the day of the appointment.

1. Prioritize needs and wants – Brainstorm a sheet of needs and wants. Organize them into a list with priorities being at the top.
2. Set clear goals and objectives for the appointment – Know the purpose of the meeting and specifically what you want to accomplish before the meeting ends.
3. Create a list of questions for the professional – Organize your thoughts into a list of questions. Post them in an area that you frequently spend time in so you can add questions to the list as you think of them.
4. Organize the tracking forms and tracking cards – Gather the most recent and relevant information you have. This is one way to avoid being forgetful or vague.
5. Plan for childcare if needed – Ask a friend, family member, or the professional's facility to assist. It is important to be able to focus your attention and be mindful during the appointment.
6. Plan or coordinate transportation – Make sure you have a reliable plan and mode of transportation. This is one of the first reasons individuals miss appointments.
7. Plan for an advocate to attend if needed – Bring something to take notes on in the appointment. If this is difficult, ask if a friend or family member can attend to help you.
8. Visualize the appointment – Imagine yourself staying focused, active, and productive in the meeting. This will help increase your chances of meeting your needs.

Structuring the day of the appointment can assist in this process as well.

1. Confirm childcare – Avoid last-minute chaos when possible.
2. Gather materials – Do not leave them at home.
3. Review the goals and objectives for the appointment – Remind yourself of the reasons for the appointment and what you want to accomplish.
4. Engage in a stress-management exercise – Take some time to relax and breathe before the appointment. Deep breathing, progressive muscle relaxation, and imagery can help to calm your nerves.

Leave at an appropriate time – Plan to be about 10-15 minutes early to your appointment.

Being late can compromise your chances of having a productive appointment

CONTROL vs INFLUENCE HOMEWORK

Control may be defined as having power over something (changing reality).

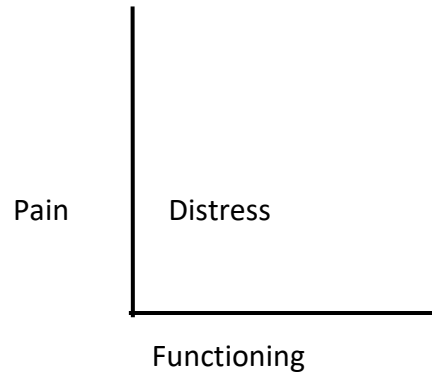
1. List 10 things you have control over.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.
2. Which aspects of your physical pain can you control?
3. Which aspects of your psychological distress can you control?
4. How does your physical pain and psychological distress affect each other?
5. Which aspects of the combination of physical pain and psychological distress do you have control over?

Influence may be defined as producing some effect without exerting direct control or power (making things better or worse).

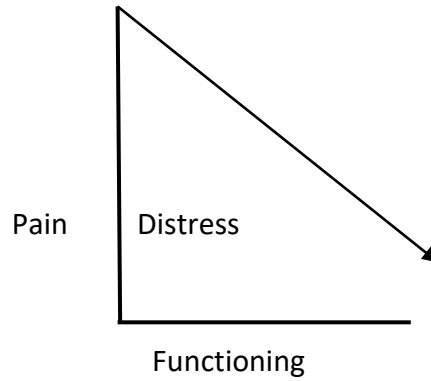
1. Create a list of 10 things you can influence.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.
2. Which aspects of your physical pain can you influence?
3. Which aspects of your psychological distress can you control?
4. How does your physical pain and psychological distress effect each other?
5. Which aspects of the combination of physical pain and psychological distress do you have control over?

STAGES OF CHANGE HANDOUT

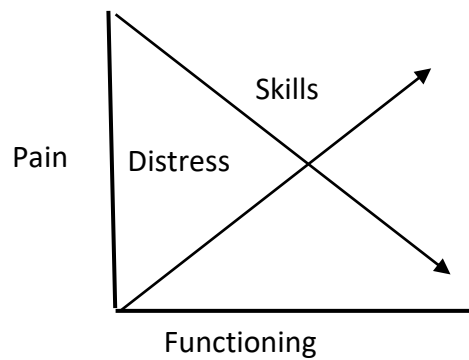
1



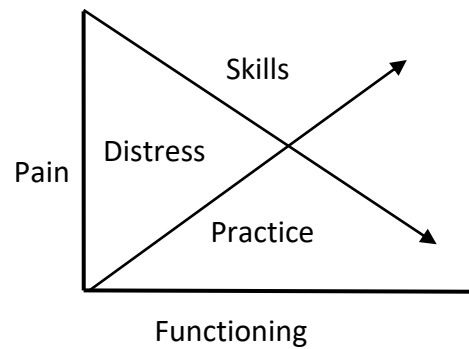
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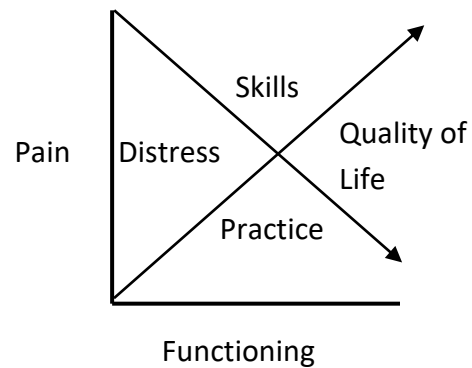
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5



SCHEDULING POSITIVE EVENTS HOMEWORK

	MORNING	AFTERNOON	EVENING	NIGHT
SELF				
OTHERS				

PLEASED HOMEWORK

1. Describe your motivation to improve self-care skills (think of priorities, goals, and values)

2. Describe your strengths and resources to use PLEASED:

3. Describe your barriers to using PLEASED:

4. Describe the skills you will use to address those barriers:

5. Describe your action plan to start today (share your action plan with others and get started):

6. Describe how your life would be different if you used effective PLEASED skills:

7. Describe how you will acknowledge and celebrate your effective use of PLEASE:

FIRST STEP TOWARD CHANGE HOMEWORK

Just Noticeable Change (JNC) – Engaging in a behavior the leads to a change in focus or direction. This is a “baby-steps” skill. JNC allows for taking a first step towards change. It is a short-term skill designed to change the individuals “threshold” of experience. This helps the individual to identify that small steps can have a big impact concerning the process of change.

Provide an example of each that you want to maintain or reinforce.

Thoughts

Feelings

Behaviors

Attitudes

Expectations

Beliefs

Anticipated outcomes

Provide an example of each that you want to take the first step toward changing. Include your first step.

Thoughts

Feelings

Behaviors

Attitudes

Expectations

Beliefs

Anticipated outcomes

BELIFS ABOUT ANGER HOMEWORK

Validate each statement, find an aspect that is true for you. Challenge each statement by finding when the statement is untrue for you, or provide a skill to use to increase your effective coping strategies.

1. My anger controls me.
 - a. Validation statement _____
 - b. Challenge statement _____
2. I deserve better than this.
 - a. Validation statement _____
 - b. Challenge statement _____
3. I go from calm to angry in seconds.
 - a. Validation statement _____
 - b. Challenge statement _____
4. Anger is the same as aggression.
 - a. Validation statement _____
 - b. Challenge statement _____
5. I shouldn't be so angry.
 - a. Validation statement _____
 - b. Challenge statement _____
6. My anger scares me.
 - a. Validation statement _____
 - b. Challenge statement _____
7. My anger can't be predicted.
 - a. Validation statement _____
 - b. Challenge statement _____
8. My anger can't be controlled.
 - a. Validation statement _____
 - b. Challenge statement _____
9. My anger protects me.
 - a. Validation statement _____
 - b. Challenge statement _____
10. Nothing helps to cal me down.
 - a. Validation statement _____
 - b. Challenge statement _____
11. Other...
 - a. Validation statement _____
 - b. Challenge statement _____

MANAGING CONFLICT HOMEWORK

The skill set of **MAD (M)** is designed to manage conflict as it occurs. This skill set is similar to taking a time-out and interrupts the process of intense conflict.

Minimize – Acknowledge that conflict is occurring and minimize the chances of acting from a state of anger. Go to a different room or location, let the other person know when you will return to continue working on the issue, and find ways to “cool off.”

Assess – Identify the level of your emotional distress and the intensity of the engagement. Prioritize the skills of DM, G, and F. Create a plan to re-engage when you and the other person are *both* ready to continue. If the situation is still intense, repeat the first skill until a safe and productive conversation can occur.

Damage control – Do not engage in hurtful words or actions. Do not allow yourself to be hurt or treated in a disrespectful manner. Repeat the two previous skills as needed.

1. What skills can you use to prepare for interactions that may lead to conflict?

2. How will you know when to use your **MAD** skills?

3. How will you know if your skills are effective?

4. Prepare your plan for potential conflict.

ATTRIBUTIONS HOMEWORK

Inaccuracies in attribution lead to misplaced blame and blinds individuals to other potential causes. Aspects of your physical pain and/or psychological distress may be due these four distortions. Please provide an example of each where this is true for you and an example where this may effect your functioning in a negative manner (pain/distress generators).

1. **Covariation (relating)** - If a behavior or object is always present when another behavior or object is present they correlate, they do not cause each other to exist. An individual leaves their apartment or house at the same time each day to take a walk in the park. If a neighbor leaves at the exact same time each day to go to work, neither is causing the other to leave. They happen to have similar schedules.

True: _____

Pain or distress generating: _____

2. **Extremity (intensity)** - the more extreme the effect of a behavior, the more likely we are to make internal attributions. If an individual becomes angry and starts an argument that sends others running, they are more likely to consider themselves to be an angry person, not someone who is experiencing the emotion of anger.

True: _____

Pain or distress generating: _____

3. **Discounting (dismissing)** - the more you know about environmental conditions surrounding a behavior, the less likely you are to make internal attributions. If an individual knows that their doctor is typically busy and has difficulty scheduling appointments, they are less likely to blame themselves when scheduling difficulties occur.

True: _____

Pain or distress generating: _____

4. **Augmentation (increasing)** - Motivation is increased if a barrier is experienced and overcome. If an individual fears holding their child, but does so even when there is a mild increase in pain, they are more prone to hold their child again even when fear is present.

True: _____

Pain or distress generating: _____

5. Create a skills plan to reduce your vulnerability to one of these pain/distress generators.

FINDING MEANING AND PURPOSE HOMEWORK

Physical Pain

It may be viewed that individuals first relate to their physical environment which includes their bodies. When pain is present, it affects functioning. There may be limitations that are experienced, changes in abilities, financial problems, and increased risk of injury or illness.

Lack of meaning and purpose: _____

Meaning and Purpose: _____

Social Pain

Humans are social beings. Individuals relate to others in their world. This category includes relationships, cultural issues, socio-economic issues, race identity, conflict with others, competition issues, and failure.

Lack of meaning and purpose: _____

Meaning and Purpose: _____

Psychological Pain

The psychological category includes how individuals relate to themselves and have their own personal sense of identity.

Lack of meaning and Purpose: _____

Meaning and purpose: _____

Spiritual Pain

This category includes the individual's attitude toward the unknown and how they assign meaning to experiences. This category also includes the individual's sense of connection which is up to each individual to define.

Lack of meaning and purpose: _____

Meaning and purpose: _____

GUIDED IMAGERY HANDOUT

The Guided-Imagery technique is a relaxation technique that allows you to refocus your attention away from your pain and symptoms and promote calming, relaxing sensations. These sensations can be very helpful in reducing the intensity of pain and has an added benefit of practicing deep breathing and calming your own body to a more relaxed state.

There are several ways in which the Guided-Imagery technique can be used. Firstly, you can picture a place and imagine the details by yourself. You can also have a friend or family member read Guided-Imagery scripts or make a recording of a script and simply listen to it. Each way provides a different experience promoting feelings of calmness and relaxation. You can learn new places to visualize, or even create your own images allowing a personalized experience of relaxation.

A Scene for Guided-Imagery

Take this time now to allow yourself to quiet your mind and focus on something other than the current moment. Allow yourself to be seated comfortably and begin to focus on your breaths. Notice the breaths you take as you begin to relax comfortably.

Begin to build an image in your mind now of a place where you are fully relaxed. This place is yours to experience and no one can bother you in this place. Imagine yourself standing in the grass on a steep hill. The grass is cool, prickly, and wet on your bare feet. As you stand at the top of this steep hill, you feel the warmth of the sun soaking through your shirt onto your back, toasting the skin on your neck. As you look down the hill you notice a small object, unclear of what it is.

As you proceed down the hill, you begin to walk slowly, feeling the prickle of the cool, wet grass beneath your feet. You begin by taking small steps, increasing your strides with the steep hill, feeling the pressure on your thighs and knees as you proceed slowly down the hill.

Once you approach the object, you notice it is a small, purple flower with yellow pollen. The flower has four small, almond-shaped pedals. As you kneel down to be closer to the flower, you feel a cool, crisp breeze that blows your hair over your forehead. As you reach up to swipe the hair away, you notice the warmth of your fingertips touching your skin. As you look up, you notice more purple flowers, leading around a group of tall trees. As you begin to follow the path of the flowers, you notice a shadow behind the trees.

As you approach the end of the group of trees and feel the coolness of the shade the trees provide. With the sun now absent from view, you notice the hairs on your arm stand up in response to the coolness of the shade. Looking down you begin to smell the scent of the purple flowers, a light, sweet scent of floral. You begin to follow the trickling trail of purple flowers and notice once again the shaded object ahead.

As you approach the object you see that is a brick wall, a rounded, tall, brick wall. As you walk closer to the brick wall you place your hand up against it, feeling the bumps, ridges, and cracks in the rough brick. As you pick up speed you can see the brick wall comes to an end. At the end of the brick wall you can see a tall iron gate. Once you reach the gate your hands grasp around the cool, hard iron feeling the metal against your fingertips. Using your hands you push the gate open, hearing the creaking squeal of the gate opening.

As you proceed into the gate you notice a sound, a distant, bubbling sound of water. As you follow the sound you can begin to smell the water, the cool, musty smell of fresh water. As you grow closer and closer to the water you can finally set eyes on a small, babbling creek. As you walk closer and closer to the creek you hear the noises of the bubbling water. Approaching the creek you bend down to take a

drink, feeling the pressure of the rocks on your knees. Dipping your hand into the creek you feel the sharp, cold water against your hand and sweep the water up to your mouth. Taking a drink you feel the cold water traveling downy our throat, quenching your thirst.

Now that you are refreshed, you begin back towards the iron gate, walking past the tall brick wall, through the trail of purple flowers and back up the hill, feeling your muscles worked, your thirst quenched, and your mind relaxed.

Take another deep breath and return to the moment when you are ready.

Tips for Guided-Imagery

- If at any point you become uncomfortable, distracted, or discouraged, stop Guided-Imagery and start at a time where you can dedicate a few moments to relaxation.
- Remember to breathe, count on your body's natural rhythm to keep you steady.
- Try various scenery to promote sensations from each of your 5 senses.

PROGRESSIVE MUSCLE RELAXATION HANDOUT

This is one of the most widely used techniques that can assist in controlling symptoms. This process of tensing and relaxing muscles is easy and can be individualized to fit specific needs. One of the reasons muscle relaxation is so effective is that it produces immediate physical results that help us to recognize tension and release it leading to better control of bodily pain. Another reason that muscle relaxation is effective is that it is easy to learn and easy to remember to practice across different settings. For example, muscle relaxation can be used at work, home, and sitting or standing. Some of the sensations muscle relaxation promotes is increasing relaxation, reducing muscle tension, promoting calmness, and reducing overall pain.

There are many ways to practice muscle relaxation.

Start by sitting or standing in a comfortable position. Give yourself this time to focus upon your own body and allow yourself to experience recognizing tension and relaxation. The point of this exercise is to locate, identify, and experience tension and relaxation. Try to let all other noises and distractions go by closing your eyes, this is YOUR time to focus on your body now.

First, begin by taking several deep breaths, comfortably filling your lungs full with air and noticing your chest rise as it fills with air. Begin to notice your abdomen as it fills with air. First your chest rises, and then your abdomen raises as you fill your body with air. Notice your breath, breathing slowly in...and out again. Take a moment to notice your breath.

Now begin to focus your attention on your lower body. Notice your feet, the feet that carry your body. Notice the feeling in your feet. Begin to tense your feet now, curling your toes under, squeezing each muscle in your feet. HOLD this tension....

Now relax your feet. Notice the feeling between tension and relaxation. Next, notice the muscles in your lower legs, your calves, your shins, and your knees. Begin to tense your lower legs by tightening the muscles in your calves, shins, and knees. HOLD this tension....

Now relax your lower legs. Notice the feeling between tension and relaxation. Next, notice the muscles in your upper legs, your hamstrings and buttocks. Begin to tense your upper legs by tightening your hamstrings, thighs, and buttocks and squeeze these muscles. HOLD this tension....

Now relax your upper legs. Notice the difference between tension and relaxation in both of your legs from your thighs to your feet. Now notice your abdomen, the place in your body that houses your organs that give your life. Begin to tense your abdomen by squeezing your stomach muscles, your obliques, your sides and back, pulling yourself upward and tightening you're the core of your body. HOLD this tension....

Now release and relax. Notice the feeling between tension and relaxation, the difference between tension and relaxation. Now notice the muscles in your arms, your wrists, triceps and biceps. Begin to tense these muscles by squeezing only your arms and tightening the muscles in your arms. HOLD this tension....

Now relax your arms, noticing the difference between tension and relaxation. Now notice your hands. Your hands that are so useful to you. Begin to squeeze your hands together by making tight fists, using each finger, palm, and thumb of your hands tightening together. HOLD this tension....

Relax your hands, noticing the difference between tension and relaxation. Now, focus your attention on your neck, your neck that holds your head. Begin by tightening the muscles in your neck and squeezing those muscles. Squeeze your shoulder blades together and notice the tension. HOLD this tension...

Now relax your neck. Notice the feeling between tension and relaxation. Lastly, focus your attention on your face. Begin to tighten the muscles in your face, your cheeks, around your eyes, mouth, and forehead and tighten your face. HOLD this tension...

And now relax your face. Notice now the difference between the feelings of tension, the amount of energy your body uses to create the feeling of tension. Focus on the difference between the feeling of tension and the feeling of relaxation. Notice now your body completely relaxed. Your feet, legs, abdomen, arms, neck, and face, all relaxed. Allow yourself to enjoy the feeling of relaxation...Take another deep breath now, allowing your chest to rise with air and slowly open your eyes and return back to the moment.

Some things to remember when practicing muscle relaxation is:

- If pain becomes more intense, reduce the amount of tension you create.
- Let go of distractions, even if you hear noises or remember tasks uncompleted, allow yourself these few moments to relax and focus on your own body.
- Once you feel comfortable with relaxing your entire body, then focus on the area of pain to relieve any painful areas effectively.
- Pick a quiet place and time during your day.
- Set realistic expectations for yourself and your relaxation, remember to practice.

DEFENSE MECHANISMS & COPING STYLES HANDOUT

- **Acting out** - The individual copes with stress by engaging in actions rather than reflections or feelings.
 - Healthy – Feeling high levels of distress and turning energy towards walking, working out, or completing tasks.
 - Unhealthy – Throwing temper tantrums, acting impulsively, being aggressive.
- **Affiliation** - Involves turning to other people for support.
 - Healthy – Sharing your experience with others, asking for support or validation.
 - Unhealthy – Having others do things for you that you can do, becoming dependent on others, losing independence.
- **Altruism** - Meeting internal needs through helping others.
 - Healthy – Feeling high levels of distress and distracting yourself by helping a friend or neighbor, volunteering your time, becoming active in the community or with an organization.
 - Unhealthy – Putting others needs before your own or engaging in self-neglect.
- **Avoidance** - Refusing to deal with or encounter unpleasant objects or situations.
 - Healthy – Feeling high levels of distress and taking a break, distracting yourself for brief periods of time, doing something nice for yourself.
 - Unhealthy – Sticking your head in the sand, pretending things don't exist, escape/avoid/or alter the distress.
- **Compensation** - Overachieving in one area to compensate for failures in another.
 - Healthy – Feeling high levels of distress and turning energy towards things you do well, applying the **Building Mastery** skill, doing things to feel competent.
 - Unhealthy – Masking, engaging in things you do well to falsely appear competent, pretending you are doing well when you are not.

- **Denial** - Refusal to acknowledge or recognize reality. Individuals who abuse drugs or alcohol often deny that they have a problem, while victims of traumatic events may deny that the event ever occurred.
 - Healthy – Feeling high levels of distress and applying the skill **Push Away**, leaving a situation for a short period of time with a plan to return and address the distress.
 - Unhealthy – Leaving a situation with no plan to return or address distress, denying what is real and letting your problems build, invalidating your own experience.
- **Devaluation** – The individual deals with distress by attributing exaggerated negative qualities to themselves or others.
 - Healthy – Feeling high levels of distress and applying the **Comparisons** skill to *aspects* or *objects* that are involved to be able to take small steps to address the situation or distress.
 - Unhealthy – Decreasing your self-esteem, hurting others, or minimizing the impact of the distress.
- **Displacement** – Taking out frustrations, feelings, and impulses on people or objects that are less powerful or less threatening.
 - Healthy – Feeling high levels of distress and punching a pillow, tearing a phone book, holding an ice cube in your hand.
 - Unhealthy – Destroying property, “kicking the dog”, making those around you feel miserable.
- **Projection** - The individual deals with distressing emotions or situations by falsely attributing unacceptable feelings, impulses, or thoughts to others.
 - Healthy – When you are feeling cool, calm, and calculating you identify with the same qualities on others, treating others with respect when they are not being respectful towards you.
 - Unhealthy – Denying your own experience by placing it on others, fearing someone will leave you and blaming them for being distant, feeling frustrated and accusing others of being angry.

- **Rationalization** - Explaining an unacceptable behavior or feeling in a rational or logical manner, avoiding the true reasons for the behavior.
 - Healthy – Feeling high levels of distress and focusing on what you are doing well, engaging in positive self-talk, riding the wave of the current emotion reminding yourself that the distress will not last forever.
 - Unhealthy – Blaming others, attributing failure to the personal qualities of others, devaluing others when you feel hurt or rejected, or labeling your behavior as acceptable because others would act the same way.
- **Regression** - When confronted by stressful events, individuals sometimes abandon coping strategies and return to patterns of behavior used earlier in development.
 - Healthy – Feeling high levels of distress and simplifying your life for a short period of time, engaging in the skill **Self Soothe**, asking others for support and validation, having others take care of your needs for a short period of time to get a break from your distress.
 - Unhealthy – Throwing temper tantrums, locking yourself in your room, becoming impulsive, acting-out.

DEFENSE MECHANISMS & COPING STYLES HOMEWORK

Please provide an example of how you relate to each one. Attach one skill to each unhealthy example to improve your attempts to cope more effectively. Remember: these are common to most individuals. Challenge any judgment you may have.

Acting out - The individual copes with stress by engaging in actions rather than reflections or feelings.

- Healthy – _____
- Unhealthy – _____

Affiliation - Involves turning to other people for support.

- Healthy – _____
- Unhealthy – _____

Altruism - Meeting internal needs through helping others.

- Healthy – _____
- Unhealthy – _____

Avoidance - Refusing to deal with or encounter unpleasant objects or situations.

- Healthy – _____
- Unhealthy – _____

Compensation - Overachieving in one area to compensate for failures in another.

- Healthy – _____
- Unhealthy – _____

Denial - Refusal to acknowledge or recognize reality. Individuals who abuse drugs or alcohol often deny that they have a problem, while victims of traumatic events may deny that the event ever occurred.

- Healthy – _____
- Unhealthy – _____

Devaluation – The individual deals with distress by attributing exaggerated negative qualities to themselves or others.

- Healthy – _____
- Unhealthy – _____

Displacement – Taking out frustrations, feelings, and impulses on people or objects that are less powerful or less threatening.

- Healthy – _____
- Unhealthy – _____

Projection - The individual deals with distressing emotions or situations by falsely attributing unacceptable feelings, impulses, or thoughts to others.

- Healthy – _____
- Unhealthy – _____

Rationalization - Explaining an unacceptable behavior or feeling in a rational or logical manner, avoiding the true reasons for the behavior.

- Healthy – _____
- Unhealthy – _____

Regression - When confronted by stressful events, individuals sometimes abandon coping strategies and return to patterns of behavior used earlier in development.

- Healthy – _____
- Unhealthy – _____

STIGMA HOMEWORK

1. Pain is a way to escape reality (avoidance)

Validation statement _____

Challenge statement _____

2. You are not tough enough (weakness)

Validation statement _____

Challenge statement _____

3. You are not motivated enough (resistant)

Validation statement _____

Challenge statement _____

4. You don't want to be fixed (broken)

Validation statement _____

Challenge statement _____

5. You should... (invalidating)

Validation statement _____

Challenge statement _____

6. You are living off the government (Freeloader)

Validation statement _____

Challenge statement _____

7. You're making yourself hurt so you can get drugs (addict)

Validation statement _____

Challenge statement _____

8. You are just a whiner (weakness)

Validation statement _____

Challenge statement _____

9. You are trying to avoid work (lazy)

Validation statement _____

Challenge statement _____

10. You are trying to get attention (needy)

Validation statement _____

Challenge statement _____

11. Your pain is not real – it's all in your head (faking)

Validation statement _____

Challenge statement _____

12. You're not really that bad off (catastrophizing)

Validation statement _____

Challenge statement _____

13. Your pain flares-up at convenient times (Manipulation)

Validation statement _____

Challenge statement _____

14. Other people are doing better than you are (minimizing)

Validation statement _____

Challenge statement _____

15. You are "crazy", "nuts", or "psycho" (devaluing)

Validation statement _____

Challenge statement _____

LIVING LIFE ON LIFE'S TERMS HOMEWORK

There are many reasons that individuals abuse chemicals. There tend to be three themes that are common to most all individuals when discussing chemical abuse. The themes are urges to escape, avoid, and alter their current reality.

Escape - urges to escape the situation or one you anticipate to occur.

Avoid - urges to avoid the situation or one you anticipate to occur.

Alter - urges to alter their current experience, or one you anticipate to occur.

Identify five events or situations that trigger urges and circle your patterns of response.

1.	_____	_____	_____
	Escape	Avoid	Alter
2.	_____	_____	_____
	Escape	Avoid	Alter
3.	_____	_____	_____
	Escape	Avoid	Alter
4.	_____	_____	_____
	Escape	Avoid	Alter
5.	_____	_____	_____
	Escape	Avoid	Alter

Identify one skill or intervention that may lead to a positive change in behavior in order to live life on life's terms more effectively.

Skill:

Application _____

Anticipated outcome _____

Skill:

Application _____

Anticipated outcome _____

CHEMICAL ABUSE HANDOUT

Here are a few common questions individuals ask. The responses are from the Center for Disease Control and Prevention.

Why do some people react differently to alcohol than others?

Individual reactions to alcohol vary, and are influenced by many factors; such as:

- Age.
- Gender.
- Race or ethnicity.
- Physical condition (weight, fitness level, etc).
- Amount of food consumed before drinking.
- How quickly the alcohol was consumed.
- Use of drugs or prescription medicines.
- Family history of alcohol problems.

What health problems are associated with excessive alcohol use?

Excessive drinking both in the form of heavy drinking or binge drinking, is associated with numerous health problems, including—

- Chronic diseases such as liver cirrhosis (damage to liver cells); pancreatitis (inflammation of the pancreas); various cancers, including liver, mouth, throat, larynx (the voice box), and esophagus; high blood pressure; and psychological disorders.
- Unintentional injuries, such as motor-vehicle traffic crashes, falls, drowning, burns and firearm injuries.
- Violence, such as child maltreatment, homicide, and suicide.
- Harm to a developing fetus if a woman drinks while pregnant, such as fetal alcohol spectrum disorders.
- Sudden infant death syndrome (SIDS).
- Alcohol abuse or dependence.
-

What is the difference between alcoholism and alcohol abuse?

Alcohol abuse⁴ is a pattern of drinking that results in harm to one's health, interpersonal relationships, or ability to work. Manifestations of alcohol abuse include the following:

- Failure to fulfill major responsibilities at work, school, or home.
- Drinking in dangerous situations, such as drinking while driving or operating machinery.
- Legal problems related to alcohol, such as being arrested for drinking while driving or for physically hurting someone while drunk.
- Continued drinking despite ongoing relationship problems that are caused or worsened by drinking.
- Long-term alcohol abuse can turn into alcohol dependence.

Dependency on alcohol, also known as alcohol addiction and alcoholism⁴, is a chronic disease. The signs and symptoms of alcohol dependence include—

- A strong craving for alcohol.
- Continued use despite repeated physical, psychological, or interpersonal problems.
- The inability to limit drinking.

What is binge drinking?

According to the National Institute on Alcohol Abuse and Alcoholism binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.

How do I know if it's okay to drink?

The current *Dietary Guidelines for Americans*¹ recommend that if you choose to drink alcoholic beverages, do not exceed 1 drink per day for women or 2 drinks per day for men. According to the guidelines, people who should not drink alcoholic beverages at all include the following:

- Children and adolescents.
- Individuals of any age who cannot limit their drinking to low level.
- Women who may become pregnant or who are pregnant.
- Individuals who plan to drive, operate machinery, or take part in other activities that require attention, skill, or coordination.
- Individuals taking prescription or over-the-counter medications that can interact with alcohol.
- Individuals with certain medical conditions.
- Persons recovering from alcoholism.
-

According to the Dietary Guidelines for Americans, it is not recommended that anyone begin drinking or drink more frequently on the basis of potential health benefits because moderate alcohol intake also is associated with increased risk of breast cancer, violence, drowning, and injuries from falls and motor vehicle crashes.

How do I know if I have a drinking problem?

Drinking is a problem if it causes trouble in your relationships, in school, in social activities, or in how you think and feel. If you are concerned that either you or someone in your family might have a drinking problem, consult your personal health care provider.

Excessive alcohol consumption is the third leading “actual” cause of death in the United States (1) and was responsible for 75,000 deaths and 2.3 million years of potential life lost (about 30 years of life lost per death) in 2001 (2). Approximately 30% of current drinkers in the United States drink excessively (3). Excessive drinking refers to per-occasion consumption or average consumption of alcohol that puts individuals at increased risk for alcohol-related health and social problems (4,5). Excessive drinking is associated with a wide range of serious problems such as liver cirrhosis, gastrointestinal cancers, hemorrhagic stroke, heart failure, motor vehicle crashes, interpersonal violence, sexually transmitted diseases, unintended pregnancy, and a variety of neurological problems including fetal alcohol syndrome. Approximately 10% to 15% of excessive drinkers are alcohol-dependent (6).

IDENTIFYING MY DEVELOPMENTAL TASKS HOMEWORK

Review the age ranges and *circle* the tasks you are currently facing. It is common for individuals with chronic conditions to have developmental tasks from multiple ranges.

Ages and Developmental Tasks

(Ages 18-30) Young Adulthood

Selecting a mate. Learning to live with a partner. Starting family. Rearing children. Managing home. Getting started in occupation. Taking on civic responsibility. Finding a congenial social group.

In this stage of development, individuals are presented with tasks that focus on connecting with others by finding a partner and raising a family, finding a group of individuals to connect with for social outlets and support, connecting to one's community, and creating a stable living situation.

(Ages 30-60) Middle Age

Assisting teenage children to become responsible and happy adults. Achieving adult social and civic responsibility. Reaching and maintaining satisfactory performance in one's occupational career. Developing adult leisure time activities. Relating oneself to one's spouse as a person. To accept and adjust to the physiological changes of middle age. Adjusting to aging parents.

In this stage of development, individuals are presented with the tasks of raising their children, building and maintaining a career, balancing work with healthy leisure activities, continuing to build intimacy with a partner, adjusting to how the body is changing with age, and coping with parents who are facing end-of-life issues.

(60 and over) Older Adulthood

Adjusting to decreasing physical strength and health. Adjusting to retirement and reduced income. Adjusting to death of a spouse. Establishing an explicit affiliation with one's age group. Adopting and adapting social roles in a flexible way. Establishing satisfactory physical living arrangements.

In this stage of development, individuals are presented with the tasks of adjusting to changes in their health and physical abilities, anticipating and planning for retirement, adjusting to changes in income, connecting with others who are in similar situations, changing social contacts and roles, and modifying or finding an appropriate place to live.

WORKING TOWARD HEALTHY DEVELOPMENT HOMEWORK

What is the developmental task you need to focus on?
(What is the task and from which stage)

Why is this currently a priority in your life?
(Want or need, for self or others, or both)

What do you hope to gain by working on this task?
(Emotional, financial, relationships)

What are your current resources and supports that can assist you?
(List your strengths and things/people that can help you)

What are your current barriers to accessing your resources and supports?
(What is getting in the way now and potentially in the future)

How can you begin working on this, what skills can you use, and what is the timeline?
(Commit to your plan)

TURNING FEAR & INACTIVITY INTO HOPE AND ACTION HOMEWORK

PAST ACTIVITY _____

IMPACT ON PAIN _____

LESSON LEARNED _____

HOW REINFORCED _____

POTENTIAL NEW SITUATION _____

How similar to old situation _____

How different from old behavior _____

NEW RESPONSE + LESSON LEARNED _____

NEW MESSAGE TO SELF - CHEERLEADING _____

POSSIBLE OUTCOMES _____

ACTION STRATEGIES _____

DISENGAGEMENT STRATEGIES _____

ACT – (COMMITMENT) _____

MANAGING CONFLICT HOMEWORK

Have the individual develop a proactive action plan to incorporate MAD skills to use in times of conflict.

The skill set of **MAD (M)** is designed to manage conflict as it occurs. This skill set is similar to taking a time-out and interrupts the process of intense conflict.

Minimize – Acknowledge that conflict is occurring and minimize the chances of acting from a state of anger. Go to a different room or location, let the other person know when you will return to continue working on the issue, and find ways to “cool off.”

Assess – Identify the level of your emotional distress and the intensity of the engagement. Prioritize the skills of DM, G, and F. Create a plan to re-engage when you and the other person are *both* ready to continue. If the situation is still intense, repeat the first skill until a safe and productive conversation can occur.

Damage control – Do not engage in hurtful words or actions. Do not allow yourself to be hurt or treated in a disrespectful manner. Repeat the two previous skill as needed.

Before the situation _____

During the situation _____

After the situation _____

THE 3 I'S HOMEWORK

Identity, Insecurity, Isolation

What is the issue you need to focus on?
(Identify and define the challenge)

Why is this currently a challenge in your life?
(Want or need, for self or others, or both)

What do you hope to gain by working on this challenge?
(Emotional, financial, relationships, stability)

What are your current resources and supports that can assist you?
(List your strengths and things/people that can help you)

What are your current barriers to accessing your resources and supports?
(What is getting in the way now and potentially in the future?)

How can you begin working on this, what skills can you use, and what is the timeline?
(Commit to your plan)

INDIVIDUAL-BASED PROBLEM SOLVING MODEL HOMEWORK

The first strategy is for the individual who is addressing a problem without the involvement of others. This is done in a series of steps, and some steps may need to be repeated and modified throughout the process.

1. Identify the problem _____
 - a. How is this impacting your thoughts, feelings and behaviors?

2. Review your values: _____
 - a. Include your strengths and limitations:

 - b. This includes yourself, others, and your environment (systems you are involved with):

3. Brainstorm potential solutions: _____
 - a. No possibility is thrown out:

4. Consider the potential consequences of each decision: _____
 - a. Narrow the possibilities and attach potential positive and negative consequences to each idea

 - b. Create a pros and cons list for each potential solution

5. Select and implement the desired course of action: _____
 - a. Evaluate if the plan is working and needs to be continued, or if it is not working as planned and needs to be modified or stopped:

SOCIAL-BASED PROBLEM SOLVING MODEL

The second strategy is for the individual who is addressing a problem with the involvement of others. This is done in a series of steps, and some may need to be repeated and modified throughout the process.

1. Recognize the problem

- a. What is the problem? _____

- b. Why is it a problem? _____

- c. Who is involved now and potentially in the future? _____

2. Define the problem

- a. Create your own definition _____

- b. Consider factors of age, race, gender, values, and power differentials _____

- c. Get information and perspectives from others _____

3. Generate potential solutions

- a. Brainstorm potential solutions _____

- b. Create a pros and cons list for each potential solution _____

4. Select a potential solution _____

- a. Consider if the solution meets short-term, mid-term, or long-term needs _____

5. Review the process

- a. How did I reach this solution? _____

- b. Is the "golden Rule" involved? _____

- c. Did I consider all of the relevant factors? _____

- d. What is my motivation for this decision? _____

6. Implement and evaluate the solution _____

- a. Is new information available? _____

- b. Do I need to continue, modify, or stop the plan? _____

7. Reflect on the process

- a. What was learned? _____

- b. How does this effect others, my environment, and me in the future? _____

BARRIERS TO NURTURING SUPPORT SYSTEMS

There are many barriers to nurturing support systems. This list identifies many common examples and the potential hidden messages attached to each.

I am too busy. (You are not worth the effort)

Validation statement _____

Challenge statement _____

I never thought of it (I don't consider your needs, I am too focused on myself).

Validation statement _____

Challenge statement _____

They don't want anything from me (I am not worthy of them).

Validation statement _____

Challenge statement _____

We fight all the time (It is too much of a bother to do/passive-aggressive).

Validation statement _____

Challenge statement _____

Our relationship never needed this before (I want things to be like they were).

Validation statement _____

Challenge statement _____

I am in too much pain or distress to do this now (It's not worth the effort).

Validation statement _____

Challenge statement _____

I can't (I don't know how).

Validation statement _____

Challenge statement _____

I won't (I can do this by myself).

Validation statement _____

Challenge statement _____

I don't know how (It is easier to avoid than to learn).

Validation statement _____

Challenge statement _____

When do I do something for them (It's not convenient for me)?

Validation statement _____

Challenge statement _____

I don't have money to spend on them (I can only show caring by buying gifts).

Validation statement _____

Challenge statement _____

I just want to be left alone (let me suffer).

Validation statement _____

Challenge statement _____

Things are just fine the way that they are now (Denying reality).

Validation statement _____

Challenge statement _____

SOCIAL ROLES IN RELATIONSHIPS

What is the issue you need to focus on?
(Defining a social role/social role transition)

Why is this currently a challenge in your life?
(Want or need, for self or others, or both)

What do you hope to gain by working on this challenge?
(Emotional, financial, relationships, stability)

What are your current resources and supports that can assist you?
(List your strengths and things/people that can help you)

What are your current barriers to accessing your resources and supports?
(What is getting in the way now and potentially in the future?)

How can you begin working on this, what skills can you use, and what is the timeline?
(Commit to your plan)

INTIMACY IN RELATIONSHIPS

How do you define intimacy in your relationships?

What actions do you do to promote intimacy?

What actions would you like to engage in more often?

How do you anticipate others reacting?

How will this affect your relationships?

What is your plan to promote intimacy?

How will you know if your plan is working (review problem solving models)?

Commit to your plan!

STYLES OF INTERACTING HANDOUT

- **Personalizing** – An individual who over-identifies with the presented information and perceives that others are talking about them or that they are to blame for something.
 - *Need being met* – The individual feels connected to others and involved in the interaction.
 - *Potential social barrier* – Others may be annoyed by the individual making a situation about themselves when that is not accurate. It can be a way to dominate conversations.
- **Fixing** – An individual who typically provides solutions to other people’s problems even when solutions have not been requested.
 - *Need being met* – The individual feels valued and productive by helping to fix a problem.
 - *Potential social barrier* – Others may view the individual as being invalidating or feeling superior because the solutions are unsolicited.
- **Cheerleading** – An individual who encourages others by being overly-optimistic and attempts to provide motivation to others in an unwavering manner.
 - *Need being met* – An individual feels supportive, helpful, and connected to others.
 - *Potential social barrier* – Others may view the individual’s attempts to connect as being unhelpful, pushy, and overly-optimistic.
- **Invalidating** – An individual who fails to connect to another person’s experience and challenges or argues about what they “should” be experiencing.
 - *Need being met* – An individual is attempting to clarify what is happening so they can connect with others.
 - *Potential social barrier* – Others may feel hurt or misunderstood causing them to disengage or withdraw.

- **Joining** – An individual who connects with other people through their pain or distress.
 - *Need being met* – An individual is attempting to connect with others by sharing their experiences with a similar problem.
 - *Potential social barrier* – Others may feel that the only topics for discussion center on pain and distress.

- **Tangential** – An individual who responds to others by connecting to minimally relevant aspects of the process or content of the interaction.
 - *Need being met* – An individual is attempting to either connect with others, or change the topic of discussion.
 - *Potential social barrier* – Others may perceive the individual as not following the conversation or as being uninterested.

- **Competition** – An individual who challenges others by competing with their stories and identifying with being better or worse than others in some aspect of their disclosures.
 - *Need being met* – An individual can relate to aspects of the conversation and wants to relate their story to others' stories.
 - *Potential social barrier* – Others may feel offended or devalued.

- **Masking** – An individual who hides or disguises their true experience and typically provides information that is not accurate to their own experience.
 - *Need being met* – An individual is attempting to appear competent and confident so they are not perceived as being vulnerable.
 - *Potential social barrier* – Others are not able to connect in a genuine manner.

- **Performing** – An individual who agrees with all feedback and challenges on a superficial level, and then either rejects change or attributes positives/blame to others.

- *Need being met* – An individual is able to deflect the focus of attention and avoid real or meaningful change.
 - *Potential social barrier* – Others perceive the individual as being stubborn or resistant when “old behaviors or patterns” return when the pressure to conform is removed.
-
- **Externalizing** – An individual attributes credit for success or failure to others in a consistent manner.
 - *Need being met* – An individual is able to give others compliments or deflect responsibility and blame onto others.
 - *Potential social barrier* – Others may feel angry, blamed, or disrespected.
-
- **Help-rejecting complaining** – An individual identifies a problem and then dismisses all potential solutions.
 - *Need being met* – An individual is able to avoid changing or “being fixed” by others.
 - *Potential social barrier* – Others may perceive the individual as whining and not wanting the help and support that they are offering.
-
- **Finding extremes** – An individual uses extremes in language, thoughts, or behaviors.
 - *Need being met* – An individual is attempting to clarify and simplify their experience by deleting the complexity of the situation or experience.
 - *Potential social barrier* – Others cannot connect with a “middle ground” or common experience.

STYLES OF INTERACTING HOMEWORK

Personalizing – An individual who over-identifies with the presented information and perceives that others are talking about them or that they are to blame for something.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Fixing – An individual who typically provides solutions to other people's problems even when solutions have not been requested.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Cheerleading – An individual who encourages others by being overly-optimistic and attempts to provide motivation to others in an unwavering manner.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Invalidating – An individual who fails to connect to another person's experience and challenges or argues about what they "should" be experiencing.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Joining – An individual who connects with other people through their pain or distress.

- Need being met – _____
- Potential social barrier – _____

- Alternative action strategy – _____

Tangential – An individual who responds to others by connecting to minimally relevant aspects of the process or content of the interaction.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Competition – An individual who challenges others by competing with their stories and identifying with being better or worse than others in some aspect of their disclosures.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Masking – An individual who hides or disguises their true experience and typically provides information that is not accurate to their own experience.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Performing – An individual who agrees with all feedback and challenges on a superficial level, and then either rejects change or attributes positives/blame to others.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Externalizing – An individual attributes credit for success or failure to others in a consistent manner.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

Help-rejecting complaining – An individual identifies a problem and then dismisses all potential solutions.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

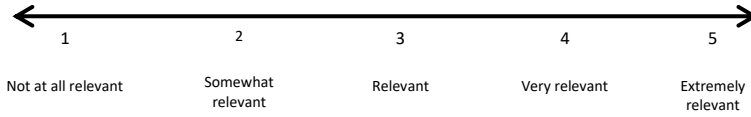
Finding extremes – An individual uses extremes in language, thoughts, or behaviors.

- Need being met – _____
- Potential social barrier – _____
- Alternative action strategy – _____

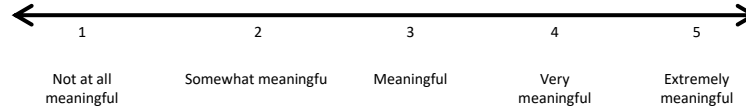
Satisfaction Scale

Goal

Was the stated goal of the session relevant to your needs and life experiences?

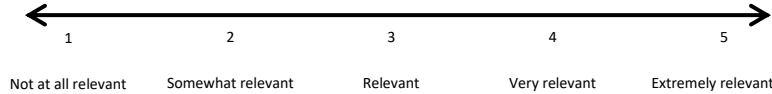


Was the goal of the session meaningful to you?

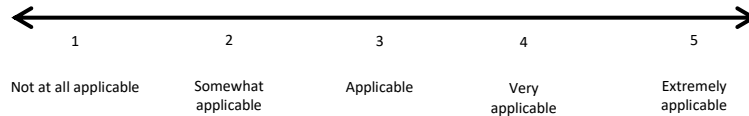


Process

Was what was discussed in group today relevant to your needs and life experiences?

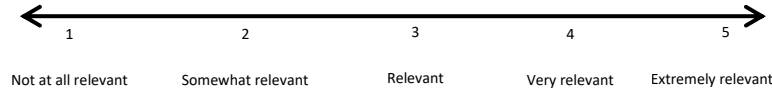


Was what was discussed in group today make sense to you?

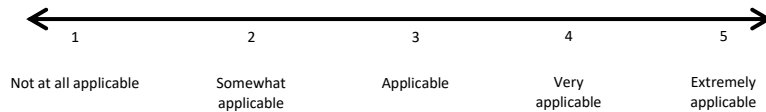


Skills

Were the skills taught today relevant to your needs and life experiences?

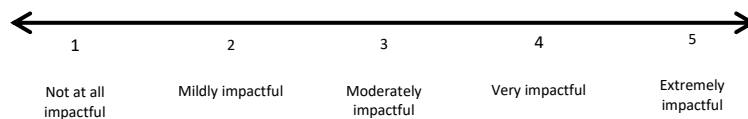


Were the skills taught today something you can apply or practice in your life?

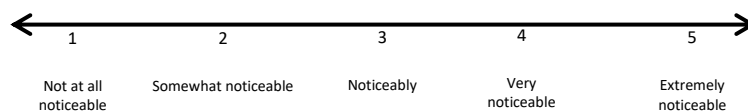


Generalizability

Will your ability to cope with your pain improve after today's session?



Will your quality of life improve after today's session?



Thank you!
Score: _____

