

Motivational Interviewing and CBT

Combining Strategies
for Maximum Effectiveness

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Foreword by William R. Miller

Online Materials



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CLIENT HANDOUT 2.1

Focusing Map Form

Fill in the circles to represent values, goals, dilemmas, or important relationships and settings, with larger circles representing higher levels of importance.

The form consists of 15 empty circles of various sizes and one horizontal oval. The circles are arranged in a scattered pattern across the page. The sizes of the circles vary, with some being significantly larger than others, representing different levels of importance for the user to fill in. The oval is located in the lower right quadrant of the page.

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CLIENT HANDOUT 2.2

Change Plan

My Plan

Changes I would like to make:

These changes are important to me because:

I plan to take these steps (what, where, when, how):

IF this gets in the way

THEN try this

<hr/>	<hr/>

CLIENT HANDOUT 2.3

Commitment Ruler

On a scale from 1 to 10, where 1 is “not at all committed” and 10 is “extremely committed,” how committed are you to attending weekly sessions to help you make the changes you want to make?



You chose a _____. List three reasons why you chose this number and not a *lower* number.

1. _____

2. _____

3. _____

CLIENT HANDOUT 3.2

Functional Assessment Tool Simplified

Understanding when and why unwanted behavior occurs, and what its effects are, will help with planning to prevent it or to manage it differently. In the “Triggers” column, make a list of the situations, people, places, etc., that you think leads to _____ . In the “Effects” column, write what happens when you are around a trigger.

Triggers	Effects

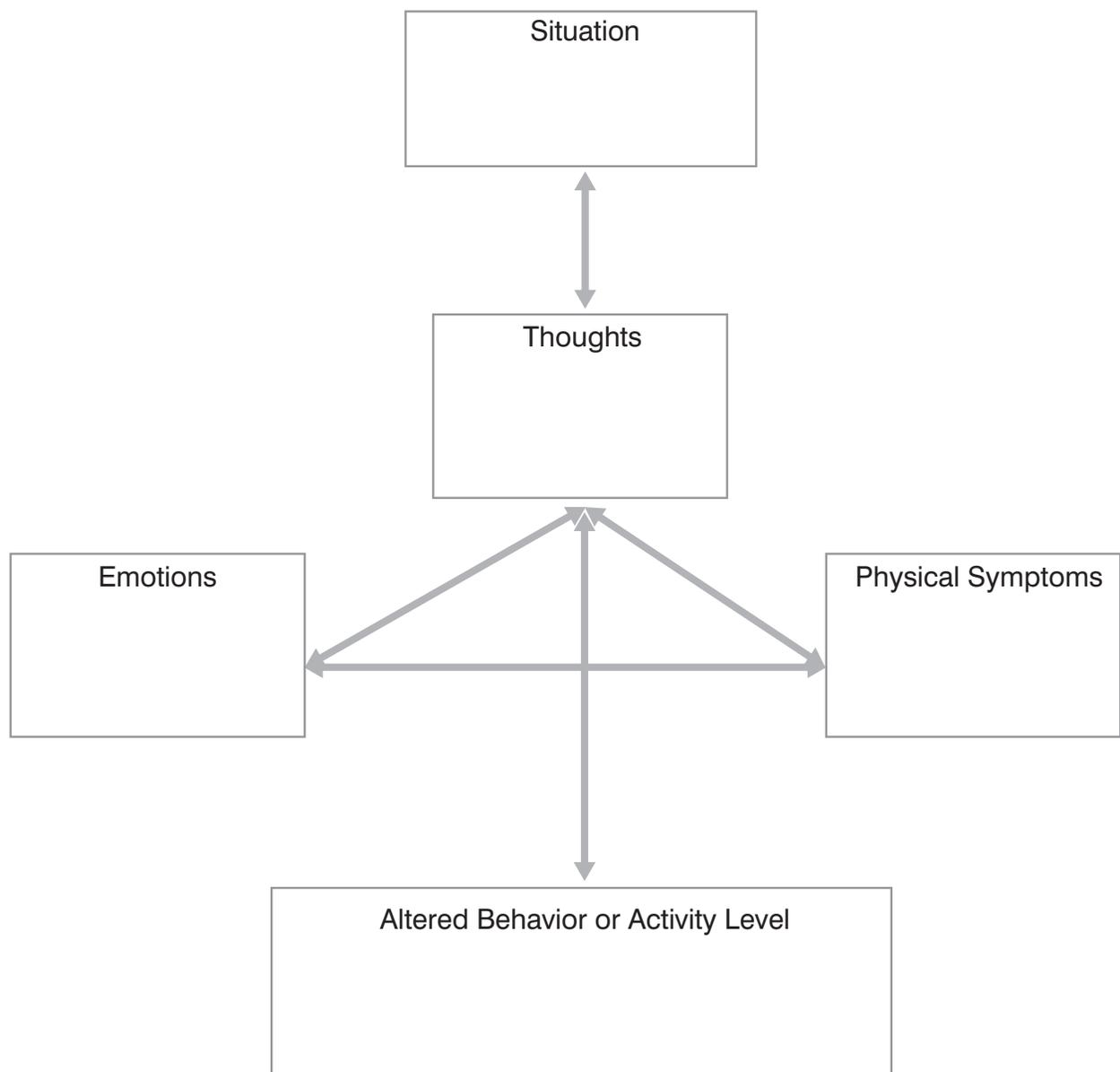
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CLIENT HANDOUT 3.3

CBT Model Functional Assessment Tool

Understanding when and why unwanted behavior occurs will help with planning to prevent it or to manage it differently. Think about when _____ is most likely to occur. Use the graphic below to describe the most common situation, thoughts, emotions, physical symptoms, and behavior or activity level changes that you have when the unwanted behavior occurs.

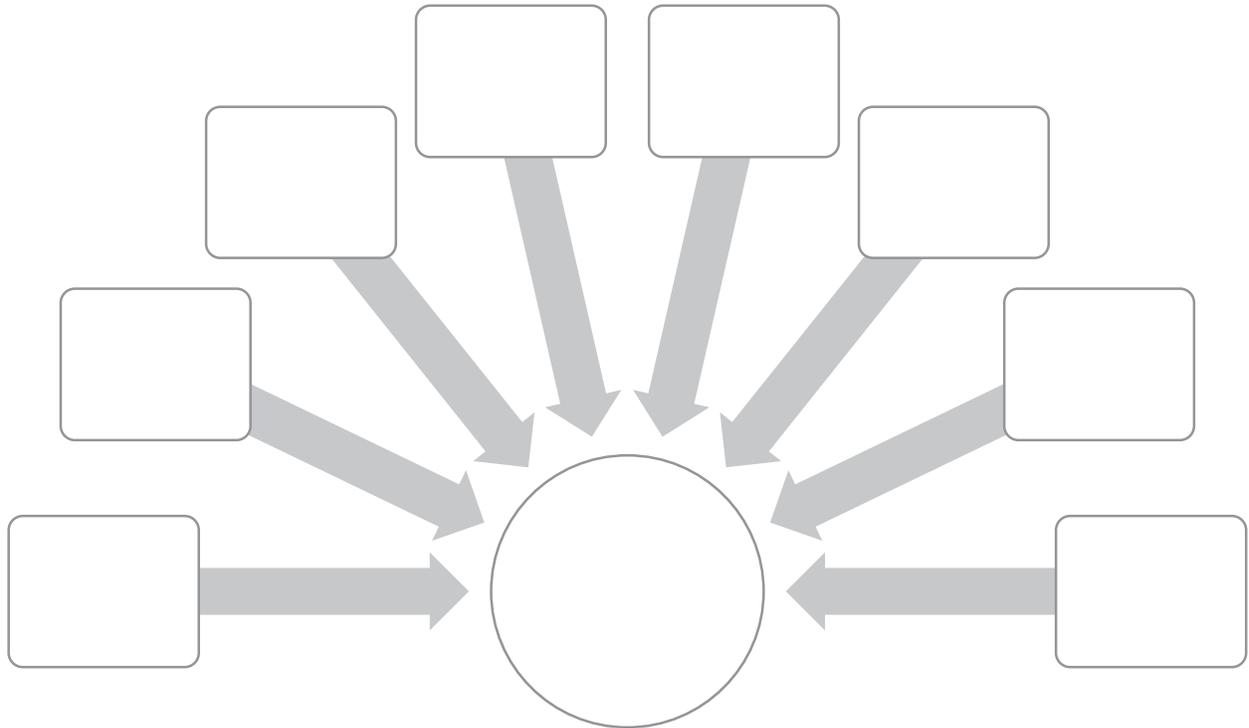
These factors are related to one another. Changing one (i.e., thoughts) can change the others, which can change the unwanted behavior.



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CLIENT HANDOUT 3.4
Summary of Assessment

Complete this form with your practitioner after you have finished assessing the triggers of your unwanted behavior. Write the unwanted behavior in the circle and write the triggers in the squares. Then, number the top four triggers—the ones that *most* contribute to the unwanted behavior (#1 is the most likely, #2 is the second most likely, etc.). These triggers will be used to develop a plan for managing the unwanted behavior.



CLIENT HANDOUT 3.5

Treatment Plan

Complete this form with your practitioner. List any unwanted behavior or other concerns to be addressed in treatment in the first column. List your goals and objectives for each treatment target in the second column. Finally, list the treatment plan for each target in the third column. Many people find it helpful to address the top four triggers for each unwanted behavior in their plan. Revisions may be made throughout treatment as needed.

Target Behavior/ Symptom/Concern	Goals and Objectives	Treatment Plan

Three reasons why this plan is important to me:

1. _____
2. _____
3. _____

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CLIENT HANDOUT 3.6
Change Plan for Assessment

My Plan to Get Started

Changes I would like to make:

These changes are important to me because:

I plan to take these steps to get started (what, where, when, how):

IF this gets in the way

THEN try this

<hr/>	<hr/>

CLIENT HANDOUT 4.1

Self-Monitoring Wallet Card

Keeping track of unwanted behavior can help you with preventing it or managing it. It can also help you to evaluate your progress over time. This wallet card can be carried with you to assist you with keeping track of unwanted behavior. Cut out the card below and keep it in your wallet or purse.

MINI MINDER
PLACE ONE MARK IN THE SPACE EACH TIME
_____ OCCURS 

M		F	
TU		SA	
W		SU	
TH		WHAT CHOICES WILL YOU MAKE TODAY TO REACH YOUR GOAL?	

CLIENT HANDOUT 4.2

How Did I Manage?

Keeping track of how you respond to unwanted behavior can help you with preventing it or managing it. This log can also help you to evaluate your progress over time.

Complete this log each time _____ occurs.

Date/Time	Emotion	What I Did to Manage the Emotion	Was This Helpful? Why or Why Not?
<i>Example:</i> Monday/ 4:00 P.M.	<i>Example:</i> Anger	<i>Example:</i> I was angry with my brother. I went for a walk to get away.	<i>Example:</i> Yes. I didn't feel as angry when I got home, and the walk helped me think of other ideas.

CLIENT HANDOUT 4.3
Self-Monitoring Food Log

Keeping track of what you eat and drink can help you with making healthy changes as you identify patterns related to types of food and beverages, times of the day, and so on. This log can also help you to evaluate your progress over time. Complete this log every day (including the questions at the bottom), totaling your calories for the day at the bottom.

Date: _____ My Daily Calorie Goal: _____

When did I eat today?	What did I eat and drink today?	How much did I eat?	Where did the food come from <i>and</i> how was it prepared?	How many calories?
(Time of day that you ate)	(bread, rolls, buns, crackers, cookies, cheese, chips, milk, butter, jam, dressing, veggies, fruit, toppings, dessert, drinks, regular, light, low fat, low calorie/sugar)	(cup, tbsp, tsp, size of a fist, ½ baseball, deck of cards, whole bag, can/bottle)	(my house, grandma's house, restaurant [name], school, convenience store; baked, fried, grilled, boiled, raw, no skin)	(use the food label, review your calorie counter book, look online)
			Total Calories:	

What were my strengths today? _____

What am I going to do differently based on this log? _____

- Three reasons why keeping a food log is important to me:
1. _____
 2. _____
 3. _____

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CLIENT HANDOUT 4.4

Self-Monitoring Activity Log

Keeping track of your daily activity and screen time can help you with making healthy changes as you identify patterns related to types of activity, times of the day, how vigorous the activity is, and the like. This log can also help you to evaluate your progress over time. Complete this log every day, entering calories burned and screen time for the week at the bottom.

Date: _____ My Daily Activity Goal: _____

	What lifestyle activities and exercise did I do today?	How long did I do the activity or exercise?	How vigorous was the activity or exercise?	Total Calories Burned for Week	How much screen time did I have?
				Calories burned for activity or exercise	
	(List the activity/exercise you did for each day)	(Write down how long you did the activity/exercise—5 min? 30 min?)	(Circle the level of intensity for each activity/exercise—easy (E), moderate (M), vigorous (V))	(Write the calories burned for each activity/exercise)	(Circle one TV for each 30 minutes of screen time—including TV, computer, tablet, and phone screen time)
Monday			E M V E M V E M V		           
Tuesday			E M V E M V E M V		           
Wednesday			E M V E M V E M V		           
Thursday			E M V E M V E M V		           
Friday			E M V E M V E M V		           

(continued)

CLIENT HANDOUT 4.5

Self-Monitoring Caregiver Support

Reviewing your child’s daily food and activity logs can help you to stay informed about his or her progress and to identify times when your guidance is especially needed. This log can also help you to evaluate your child’s progress over time. Complete this log at least once a week, while reviewing your child’s food and activity logs. It can be helpful to review this form with your child, highlighting his or her strengths and offering guidance in the one or two areas where it is most needed.

What are the three most important reasons for me to look at my child’s food and activity logs at least once a week?

- 1. _____
- 2. _____
- 3. _____

How do I see myself being helpful to my child? _____

Food Log

Mon Tues Wed Thur Fri Sat Sun

Date that food was eaten was recorded							
Times that food was eaten was recorded							
Foods eaten were described well (portion size, type, prep method)							
Calories were written for each food							

Activity Log

Mon Tues Wed Thur Fri Sat Sun

Date of activity/exercise was recorded							
Times of activity/exercise was recorded							
Activity/exercise was described well (length of time, easy/moderate/vigorous)							
Calories burned were written for each activity/exercise							

What strengths or improvements did I notice on my child’s logs? _____

What did I see that told me that my child needs extra help or support? _____

What am I going to do this week to help my child be successful? _____

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CLIENT HANDOUT 4.6

Personal Strengths

Check off each of your strengths, including the ones that you think only apply sometimes or in certain situations.

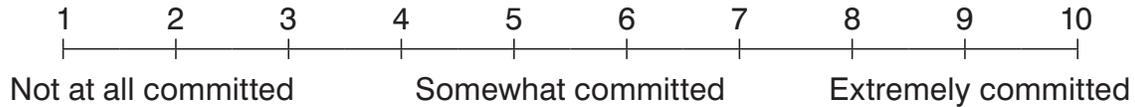
- | | |
|--|--|
| <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Logical |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Passionate |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Peaceful |
| <input type="checkbox"/> Ethical | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Intuitive | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Concise | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Precise | <input type="checkbox"/> Exuberant |
| <input type="checkbox"/> Discrete | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Careful | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Tender | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Realistic | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Imaginative | |
| <input type="checkbox"/> Patient | |
| <input type="checkbox"/> Daring | |
| <input type="checkbox"/> Thorough | |
| <input type="checkbox"/> Spirited | |
| <input type="checkbox"/> Encouraging | |
| <input type="checkbox"/> Secure | |
| <input type="checkbox"/> Tolerant | |
| <input type="checkbox"/> Wise | |
| <input type="checkbox"/> Warm | |
| <input type="checkbox"/> Optimistic | |
| <input type="checkbox"/> Organized | |
| <input type="checkbox"/> Thoughtful | |

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CLIENT HANDOUT 4.7

Commitment Ruler

On a scale from 1 to 10, where 1 is “not at all committed” and 10 is “extremely committed,” how committed are you to _____ to help you make the changes you want to make?



You chose a _____. List three reasons why you chose this number and not a *lower* number.

1. _____

2. _____

3. _____

What would it take for you to get to a *higher* number (or to stay at a 10 if you are already there)? _____

CLIENT HANDOUT 4.8

Change Plan for Self-Monitoring

My Plan for Keeping Track

Changes I would like to make:

These changes are important to me because:

How keeping track can help me:

I plan to take these steps to keep track (what, where, when, how):

IF this gets in the way

THEN try this

<hr/>	<hr/>

CLIENT HANDOUT 4.9

Visual Script for Encoding a Plan

People use their imagination to picture themselves walking through each step of a task that they want to do better at or want to remember better. For example, you might have heard about athletes like baseball players using this method to improve their swing. Another example is visualizing all the things you want to remember to buy at the store before you leave the house. So, by actually *picturing* each step of what needs to happen, you're more likely to get this into your brain to remember *what needs to happen when*.

How do you think that this kind of visualizing might be helpful with your recording plan?

So we are going to practice this. Walk through the actual steps of the plan you just created. While doing this, visualize the steps, as if you actually need to get to your sessions right now. We want this to be as vivid in your mind as possible, so I will be asking you to picture what you would see, hear, or feel during this time.

Remember, your plan was to _____

(e.g., "When I brush my teeth at night, I will finish my recording log").

1. Close your eyes since we will be imagining the actual process and steps.
2. Take a deep breath to focus your attention and calm yourself. Now take another deep breath.
3. Now relax your body. Pay attention to you breathing as you relax your body.
4. Imagine that you are have going to brush your teeth before bed.
 - What time would it usually be and where would you be?
 - What would you usually be doing?
 - Try to picture the area where you would be as clearly as possible.
 - What do you smell?
 - Do you hear anything?
 - What do you hear?
 - The more you use your other senses (touch, smell, and hearing), the clearer the image will be for you.

(continued)

Visual Script for Encoding a Plan *(page 2 of 2)*

5. Now, imagine you are thinking about your log when you brush. What do you need to do now? Practice saying the reasons why you want to record sessions to make some changes in your life. Now imagine that as you finish brushing your teeth you are going to complete your log. Imagine the steps you will take to get to do this (e.g., find your phone, open the notes page, complete the log). Let's go through each step to make sure you do not miss any. Think of all the sounds, smells, and senses (e.g., feel of the phone, typing on the screen).
6. OK, take a deep breath and open your eyes. Great job of practicing visualizing your plan!

CLIENT HANDOUT 5.1

Situations, Thoughts, Feelings, and Behaviors

Situations lead to you thinking, feeling, or behaving a certain way, but there is more than one way to think or feel for each situation. For example, some people think that if they have to speak in public, they will make a fool of themselves, so they skip class. Other people might think that if they have to speak in public, they need to be more prepared to study harder. Consider and write down different situations that lead you to think, feel, or behave a certain way and then consider other thoughts, feelings, or behaviors for that situation.

What if _____?

Thought:

Alternate Thought:

Feeling/Behavior:

Feeling/Behavior:

What if _____?

Thought:

Alternate Thought:

Feeling/Behavior:

Feeling/Behavior:

SITUATIONS AND ALTERNATE EXPLANATIONS

List three reasons why you choose to complete this worksheet:

1. _____
2. _____
3. _____

CLIENT HANDOUT 5.2

Situations and Alternate Explanations

People interpret situations in different ways, but most situations have more than one interpretation. You may typically interpret a situation in a way that makes you feel badly, but you can also consider alternative explanations. For example, your partner is short with you when he comes home from work. You might think that he is irritated by you, and you feel rejected. However, what are some alternative explanations? He may have had a bad day at work, or perhaps the traffic coming home was terrible. These alternative explanations might lead you to feel less rejected. Why would you want to consider practicing alternative explanations: _____

Situation	Your Usual Explanation	One Alternative Explanation	Another Alternative Explanation
<i>Example: My partner is short with me.</i>	<i>Example: I'm irritating him.</i>	<i>Example: He had a hard day at work.</i>	<i>Example: He got stuck in traffic.</i>

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CLIENT HANDOUT 5.3

Helpful and Unhelpful Thoughts

Write *unhelpful* thoughts that you sometimes have, then practice turning them into *helpful* thoughts.

Why would it be helpful to *you* to practice turning unhelpful thoughts into more helpful thoughts?

How could you see yourself doing this when you have an unhelpful thought?

Unhelpful Thoughts	Helpful Thoughts
Example: <i>I can't do anything right.</i>	Example: <i>Sometimes I make mistakes, but I do a lot of things right.</i>



CLIENT HANDOUT 5.4

Behavioral Experiments

A behavioral experiment can be used to test your thoughts about what might happen if you take alternative actions when faced with one of your challenges. See the example below, then fill out your own behavioral experiment form.

Sample:

Step 1: What is my challenge?

I want to ask my boyfriend to remind me to take my medications, but I'm afraid to ask him for help.

Step 2: What is the main thought I have about my challenge?

He might be annoyed with me.

Step 3: What alternative perspective could I take?

He might want to help me.

Step 4: My predictions based on my main thought and alternative perspective

Main thought:

He will yell at me and tell me that I should have figured it out a long time ago. He might decide that he doesn't want to be with me anymore.

Alternative perspective:

He'll say that he knows it's hard to remember and that he thought I didn't want help because I usually don't want to talk about it.

Step 5: My plan to test my predictions

Ask him if he will help me when we go out to dinner on Wednesday and write down which prediction is closest to what actually happens.

If this happens . . .

I might forget.

I might have a few drinks and decide that I don't want to deal with it.

Then I will . . .

Set a reminder in my phone calendar.

Talk to him in the car on the way to dinner.

Complete this form with your practitioner to test your thoughts about what might happen if you take alternative actions when faced with one of your challenges.

(continued)

Behavioral Experiments (page 2 of 2)

MY EXPERIMENT

Why would you want to test to see how accurate your thoughts are or whether there is another perspective instead: _____

Step 1: What is my challenge?

Step 2: What is the main thought I have about my challenge?

Step 3: What alternative perspective could I take?

Step 4: My predictions based on my main thought and alternative perspective

Main thought:

Alternative perspective:

Step 5: My plan to test my predictions

If this happens . . .

Then I will . . .

What happened? _____

What will you do the next time you have this kind of situation? _____

CLIENT HANDOUT 5.5
Change Plan for Cognitive Skills
My Plan for Thinking Skills

Changes I would like to make:

These changes are important to me because:

How thinking skills can help me:

I plan to take these steps for thinking skills (what, where, when, how):

IF this gets in the way

THEN try this

<hr/>	<hr/>

CLIENT HANDOUT 6.1

Problem Solving

When deciding how to solve a problem, you can create opportunities for success by considering the options and possible outcomes in advance. The problem-solving steps below can be used to identify a problem you want to solve, brainstorm possible solutions, evaluate them, and decide on one to try. Review the example, then fill out your own behavioral experiment form.

SOLVABLE CHALLENGES

Sample:

Problem	<ul style="list-style-type: none">• I haven't been able to refill my HIV prescriptions because of my work schedule and I might run out before I can refill them.
Possible solutions	<ul style="list-style-type: none">• Call the pharmacy and find out whether I can have them delivered to my aunt's house by mail.• Ask my aunt to pick up my prescriptions for me (she knows my HIV status).• Ask a coworker to cover my shift for a couple of hours (I would have to take a bus to get to/from the pharmacy).• Pick them up on my next day off, which is after I will run out of medication.
Evaluate solutions	<ul style="list-style-type: none">• Mailing would be easiest, but I'll still have to go at least a day without medication this month.• My aunt might get mad, but I think she will help unless she has to work (my best option).• Getting my shift covered would give me the time I need, but I don't want my boss to think that I need fewer hours.• I'd have time to get to the pharmacy on my day off, but I'd have to go without medication for a couple of days.
Try one and evaluate	<ul style="list-style-type: none">• My aunt picked up my prescription the same day I asked her and said I could ask her anytime.• I talked to my aunt about some of the struggles I've been having with being able to get my medications and get to my clinic appointments. She didn't know that I was having problems and she said that she was really proud of me for trying to take care of myself. I feel like I have a lot more support now.• My aunt asked me if I needed help getting to my clinic appointments.

Before: What do I think is going to happen when I try my solution? I thought she would help, but that she might be mad that I asked.

After: What actually happened? She was happy that I talked to her. She offered to keep helping me.

My next step will be: I'm going to ask for help when I need it instead of talking myself out of it.

(continued)

Problem Solving *(page 2 of 2)*

Follow the below skill steps to identify a problem you want to solve, brainstorm possible solutions, evaluate them, and decide on one to try, and then try it and evaluate the outcome.

Problem	
Possible solutions	
Evaluate solutions	
Try one and evaluate	

Before: What do I think is going to happen when I try my solution? _____

After: What actually happened? _____

My next step will be: _____

Behavioral Activation *(page 2 of 2)*

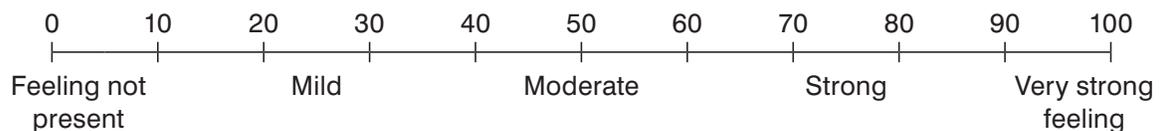
Part 2: Keeping Track

Why should you consider making time to do activities that you have enjoyed before?

Keep track of what you do and how your mood changes. List each activity that you do. Then write how you feel when you do it and rate the strength of your feeling.

- How many of your activities are you willing to do each day? _____
- On a scale from 1 to 10, how important is it to you to do them? _____
- Why did you pick that number and not a *lower* number? _____

Date and Time	Activities	Strengths I Used to Get Started	How I Felt When Doing This Activity	Percent of Feeling
4/4/XX 4:00 P.M.	<i>Samples: Walking my dog.</i>	<i>Commitment</i>	<i>Energetic</i>	<i>55</i>
4/4/XX 7:30 P.M.	<i>Cooked dinner with my daughter</i>	<i>Love and pre-planning</i>	<i>Happy</i>	<i>70</i>



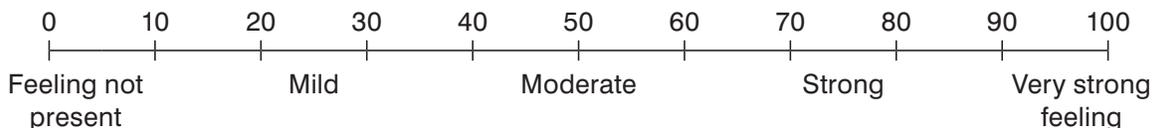
CLIENT HANDOUT 6.3

Tolerating Distress

Downscaling Emotional Distress

1. My most intense emotion: _____

2. Strength of my emotion *right now* (or at its most intense point): _____



3. What triggered my emotion: _____

4. My first impulse—what I *want* to do about it: _____

5. Other options that I have:

Things I can change (situation and/or myself)	Ways that I can accept or tolerate the situation

6. The option that I am most willing to consider: _____

(continued)

Tolerating Distress (page 2 of 2)

7. Pros and cons

	Acting on my first impulse	Using my best option instead
Pros		
Cons		

8. Based on my list of pros and cons, what I am going to do is: _____

9. My first step will be: _____

10. This is important to me because: _____

CLIENT HANDOUT 6.4

A Simpler Worksheet for Distress Tolerance

The Choice is MINE

I have choices. When I'm feeling _____, then I can choose how I want to respond.

Emotional Reasons for _____ (Target Behavior)	Alternative Activities
<i>Example: I drink when I feel lonely.</i>	<i>I will watch a movie or go to an exercise class.</i>
<i>Example: I eat when I feel stressed.</i>	<i>I will practice mindfulness.</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Strengths that I can use to help me to do my alternative activities: _____

Three reasons why I think this could work:

1. _____
2. _____
3. _____

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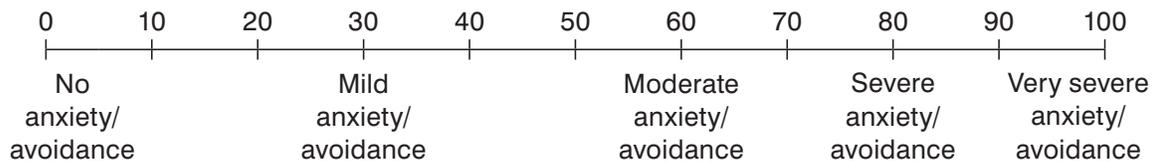
CLIENT HANDOUT 6.5

Graduated Exposure

Keeping track of how you cope with fearful situations can help you to discover which strategies are the most helpful to you. Start by listing your feared situations, ranging from those that cause very severe anxiety to those that cause mild anxiety. Use this log to track your planned exposure to the situations. For each exposure, rate your level of avoidance, the date you worked on the situation, and the coping strategy you used.

Working through Fear Gradually

	Situation	Fear rating (1–100)	Avoidance (1–100)	Date Exposed	Coping Strategy
1		Highest Rating:			
2					
3					
4					
5					
6					
7					
8					
9					
10		Lowest Rating:			



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CLIENT HANDOUT 6.6

Worry Control

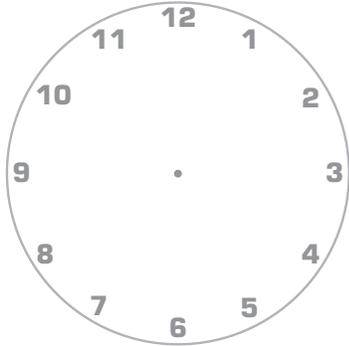
Taming Worry

If I worry less, my life will improve this way: _____

It is important to me to limit my time spent worrying because: _____

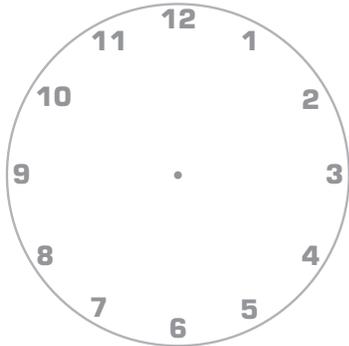
To help me to worry less, I will limit worrying to the times below. During these times, I can worry and think about my concerns as much as I want. If I have a worry or concern outside of these times, I will postpone it by using the coping skills that I have been working on, including: _____

START



My Thoughts and Concerns

STOP



CLIENT HANDOUT 6.7

Refusal Skills

Complete this form to plan how you will respond to social pressure in different situations. Follow the *first step* when possible (avoiding people or situations that trigger you). Identify situations for each refusal skill in the *second step* and use them when needed (communicate your refusal). It is recommended that you practice saying your refusal skills before you use them, which you can do with a counselor, a friend, in front of a mirror, etc. Remember to complete the questions at the bottom of this sheet too!

Refusal Skill	Situations
1. Say "No thank you" assertively.	
2. Give reasons for why you're saying "no."	
3. Suggest alternatives.	
4. Change the subject.	
5. Give reasons for why it will not help with your goal.	

My Refusal Skills goal: _____

Step 1: Avoid the triggers of behavior that will not help you to reach your goal.

Step 2: If it is not possible to avoid triggers, use refusal skills.

My most important reasons for avoiding triggers or using refusal skills are: _____

Some strengths I can use to make choices that will help me to reach my goals: _____

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CLIENT HANDOUT 6.8

In-Session Skills Training Steps

Write each step of the new skill you would like to learn on the lines below. Then practice the steps with your counselor while following directions at the bottom of the page, starting with WATCH IT.

Learning a New Skill

The Steps

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

WATCH IT: Counselor completes steps and says them at the same time.

How confident are you now to show your counselor? If not very confident, then try WATCH IT AND SAY IT. Otherwise skip to DO IT AND SAY IT.

WATCH IT AND SAY IT: Counselor completes steps and you say the words.

DO IT AND SAY IT: You complete the steps and say the words.

FEEDBACK

What went well: _____

What to focus on during the week: _____

What strengths do I have that will help me: _____

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CLIENT HANDOUT 6.9

Change Plan for Behavioral and Emotional Regulation Skills

My Plan for _____ Skills

Changes I would like to make:

These changes are important to me because:

How _____ skills can help me:

I plan to take these steps for _____ skills (what, where, when, how):

IF this gets in the way

THEN try this

<hr/>	<hr/>

CLIENT HANDOUT 7.1

The Five W's for Between-Session Practice

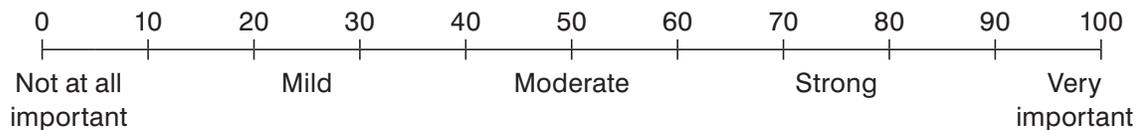
Complete the activity below to plan your skill practice. Doing so will help you to determine the five W's: *what* you will do, *where* and *when* you will do it, *why* it is important and why you feel confident that you can do it, and *who* will help you if needed.

My Practice Planner

1. My planned practice activity: _____

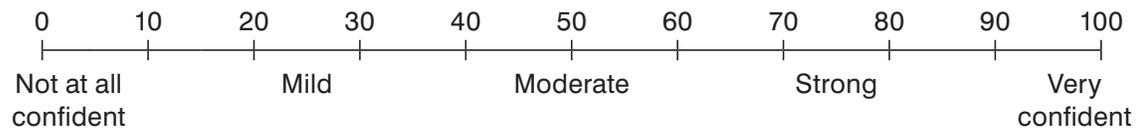
2. When and where I plan to do my practice: _____

3. *Importance* of doing my practice as planned:



Why did you pick that number and not a lower number? _____

4. My *confidence* that I can do my practice as planned:



Why did you pick that number and not a lower number? _____

(continued)

The Five W's for Between-Session Practice *(page 2 of 2)*

5. Possible barriers and how I'll handle them:

Things that could stop me from practicing	Things I can do to make sure that I practice anyway/who can help

CLIENT HANDOUT 8.1

Managing Slips

Everyone has a slip from time to time. You can stop a slip from becoming the new norm. Use the SLIP plan below to catch them early, assess the situation, and make a plan for how to proceed. You can also plan to avoid slips by identifying potential triggers and the possible coping plans you can use when you can't avoid the triggers (complete the "My Top Triggers and Coping Plans" portion of this handout).

Slip Plan

STOP

The first step is to stop the problem behavior.

If you have already stopped, congratulate yourself.

It may sound silly but you can even say "STOP" out loud to yourself, or picture a big red stop sign.

LOOK

at the situation realistically.

Step back and ask what you did.

Be specific.

No situation is all or none.

INVESTIGATE

the circumstances.

What kept you from following your plan?

What are other ways you can achieve your goal?

Are your goals specific? Realistic? Achievable?

PROCEED

with your new plan with positive self-talk.

Write down your goals.

Build in some rewards for achieving them.

Get moving on them!

I am confident because

1. I have these strengths: _____

2. I have practiced these things: _____

3. I was already able to make these changes: _____

(continued)

Managing Slips *(page 2 of 2)*

Steps I can take to avoid slips and get back on track as soon as possible:

1. Avoid triggers when possible.
2. Make a coping plan for each trigger and use it when I can't avoid the trigger.

My top triggers and coping plans:

Trigger #1: _____

How I can avoid it: _____

How I plan to cope when I can't avoid it: _____

Trigger #2: _____

How I can avoid it: _____

How I plan to cope when I can't avoid it: _____

Trigger #3: _____

How I can avoid it: _____

How I plan to cope when I can't avoid it: _____

Trigger #4: _____

How I can avoid it: _____

How I plan to cope when I can't avoid it: _____

CLIENT HANDOUT 8.2
Change Plan for Maintenance

My Plan

Changes I would like to maintain:

Maintaining these changes is important to me because:

I plan to keep doing these things to maintain my changes (what, where, when, how):

IF this gets in the way

THEN try this

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