

CRA/A-CRA Forms (English)

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**Functional Analysis for Substance Use Behavior
(Initial Assessment)**

Triggers				
External	Internal	Behavior	Short-Term Positive Consequences	Long-Term Negative Consequences
1. <u>Whom</u> are you usually with when you use?	1. What are you usually <u>thinking</u> about right before you use?	1. <u>What</u> do you usually use?	1. What do you like about using with _____? (whom)	1. What are the negative results of _____ (behavior/activity) regarding each of these areas:
2. <u>Where</u> do you usually use?	2. What are you usually <u>feeling physically</u> right before you use?	2. <u>How much</u> do you usually use?	2. What do you like about using _____? (where)	a. Family members b. Friends c. Physical feelings d. Emotional feelings
3. <u>When</u> do you usually use?	3. What are you usually <u>feeling emotionally</u> right before you use?	3. Over <u>how long</u> a period do you usually use?	3. What you like about using _____? (when)	e. Legal situations f. School situations g. Job situations h. Financial situations i. Other situations
			4. What are some of the pleasant <u>thoughts</u> you have while you are using?	
			5. What are some of the pleasant <u>physical feelings</u> you have while you are using?	
			6. What are some of the pleasant <u>emotional feelings</u> you have while you are using?	



Functional Analysis of Prosocial Behavior

(behavior/activity)

Triggers				
External	Internal	Behavior	Short-Term Negative Consequences	Long-Term Positive Consequences
<p>1. <u>Whom</u> are you usually with when you _____? (behavior/activity)</p> <p>2. <u>Where</u> do you usually _____?</p> <p>3. <u>When</u> do you usually _____?</p>	<p>1. What are you usually <u>thinking</u> about right before you _____? (behavior/activity)</p> <p>2. What are you usually <u>feeling physically</u> right before you _____?</p> <p>3. What are you usually <u>feeling emotionally</u> right before you _____?</p>	<p>1. <u>What</u> is the nonusing behavior/activity?</p> <p>2. <u>How often</u> do you usually _____?</p> <p>3. <u>How long</u> does _____ usually last?</p>	<p>1. What do you dislike about _____ (behavior/activity) with _____? (whom)</p> <p>2. What do you dislike about _____ (behavior/activity) _____? (where)</p> <p>3. What you dislike about _____ (behavior/activity) _____? (when)</p> <p>4. What are some of the unpleasant <u>thoughts</u> you have while you are _____?</p> <p>5. What are some of the unpleasant <u>physical feelings</u> you have while you are _____?</p> <p>6. What are some of the unpleasant <u>emotional feelings</u> you have while you are _____?</p>	<p>1. What are the positive results of _____ (behavior/activity) in each of these areas:</p> <ul style="list-style-type: none"> a. Family members b. Friends c. Physical feelings d. Emotional feelings e. Legal situations f. School situations g. Job situations h. Financial situations i. Other situations





Date _____ Client Name _____ Client ID _____ Clinician Name _____

Functional Analysis of Prosocial Behavior (_____) activity

External Triggers	Internal Triggers	Prosocial Behavior	Short-Term Negative Consequences: Not So Good Things	Long-Term Positive Consequences: Good Things (rewards)
1. Who are you usually with when you (activity)?	1. What are you usually thinking about right before you (activity)?	1. What is the non-using activity?	1. What do you dislike about (activity) with (who)?	1. What are the positive results of (activity) in each of these areas:
2. Where do you usually (activity)?	2. What are you usually feeling physically right before you (activity)?	2. How often do you engage in it?	2. What do you dislike about (activity) (where)?	a) Interpersonal:
3. When do you usually (activity)?	3. What are you usually feeling emotionally right before you (activity)?	3. How long does it usually last?	3. What do you dislike about (activity) (when)?	b) Physical:
			4. What are the unpleasant thoughts you have while (activity)?	c) Emotional:
			5. What are the unpleasant physical feelings you have while (activity)?	d) Legal:
			6. What are the unpleasant emotions you have while (activity)?	e) Other:

Adapted from *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach* (Meyers & Smith, 1995)



Date _____ Client Name _____ Client ID _____ Clinician Name _____

Functional Analysis of Substance Use — Relapse Version

Relapse is not an event, it is a process.

External Triggers	Internal Triggers	Behavior	Short-Term Positive Consequences: Good Things (rewards)	Long-Term Negative Consequences: Not So Good Things
1. Who were you with when you drank/used? 2. Where did you drink/use? 3. When did you drink/use? (What time of day)	1. What were you thinking about right before you drank/used? 2. What did you feel physically right before you drank/used?	1. What did you drink/use? (specifically) 2. How much did you drink/use? 3. Over how long a period of time did you drink/use?	1. What did you like about drinking/using with _____ (who)? 2. What did you like about drinking/using at _____ (where)? 3. What did you like about drinking/using _____ (when)? 4. What were some of the good thoughts and emotions you had while drinking/using? 5. What were some of the good physical feelings you had while drinking/using?	1. What were the negative results of your drinking/using in each of these areas: a) Interpersonal b) Physical c) Emotional d) Legal e) Job f) Financial g) Other

Adapted from *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach* (Meyers & Smith, 1995)

Happiness Scale

Name: _____ Client ID: _____ Date: _____

This scale is intended to estimate your current happiness with your life in each of the 16 areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left side of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right side of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each area of life: “How happy am I today with this area of my life?” In other words, state according to the numerical scale (1 to 10) exactly how you feel today. Try to exclude yesterday’s feelings and concentrate only on today’s feelings in each of the life areas. Also, try not to allow one category to influence the results of the other categories.

	Completely Unhappy	Completely Happy
1. Marijuana use/nonuse	1 2 3 4 5 6 7 8 9 10	
2. Alcohol use/nonuse	1 2 3 4 5 6 7 8 9 10	
3. Other drug use/nonuse	1 2 3 4 5 6 7 8 9 10	
4. Relationship with boyfriend/girlfriend/spouse	1 2 3 4 5 6 7 8 9 10	
5. Relationships with friends	1 2 3 4 5 6 7 8 9 10	
6. Relationships with parents or family	1 2 3 4 5 6 7 8 9 10	
7. School	1 2 3 4 5 6 7 8 9 10	
8. Work	1 2 3 4 5 6 7 8 9 10	
9. Social activities	1 2 3 4 5 6 7 8 9 10	
10. Recreational activities	1 2 3 4 5 6 7 8 9 10	
11. Personal habits (e.g., getting up in the morning, being on time, finishing tasks)	1 2 3 4 5 6 7 8 9 10	
12. Legal issues	1 2 3 4 5 6 7 8 9 10	
13. Money management	1 2 3 4 5 6 7 8 9 10	
14. Emotional life (feelings)	1 2 3 4 5 6 7 8 9 10	
15. Communication	1 2 3 4 5 6 7 8 9 10	
16. General happiness	1 2 3 4 5 6 7 8 9 10	
17. Other: _____	1 2 3 4 5 6 7 8 9 10	





Goals of Counseling

Name: _____ Date: _____

Problem Areas/Goals "In the area of ___ I would like:"	Intervention	Time Frame
1. Marijuana use/nonuse		
2. Alcohol use/nonuse		
3. Other drug use/nonuse		
4. Relationship with boyfriend, girlfriend, spouse		
5. Relationships with friends		
6. Relationships with parents/family		
7. School		
8. Work		
9. Social activities		



Goals of Counseling

Name: _____ Date: _____

Problem Areas/Goals "In the area of ___ I would like:"	Intervention	Time Frame
10. Recreational activities		
11. Personal habits (e.g. getting up in the morning, being on time, finishing tasks)		
12. Legal issues		
13. Money management		
14. Emotional life (my feelings)		
15. Communication		
16. General happiness		
17. Other:		

(Participant Signature)

(Guardian Signature – Optional)

(Date)

(Date)

(Clinician Signature)

(Supervisor Signature)

(Date)

(Date)



Goals of Counseling (SAMPLE)

NOTE: These would not be all assigned at once!

Name: _____ Date: _____

Problem Areas/Goals "In the area of ___ I would like:"	Intervention (Weekly)	Time Frame (Goal)
1. Marijuana use/nonuse Stay clean for 30 days.	1. Play basketball at the gym in the evening with two non-using friends (Sam and Nick). 2. Use drug-refusal skills whenever offered drugs.	1 month
2. Alcohol use/nonuse Stay sober for 30 days.	1. Go to an alcohol-free cookout on Saturday afternoon (Ted's).	1 month
3. Other drug use/nonuse N/A	N/A	N/A
4. Relationship with boyfriend, girlfriend, spouse Do two non-drug-related activities each week outside of home (both agree).	1. Use problem-solving procedure with girlfriend to identify an enjoyable activity they both like. 2. Try the activity once.	1 month
5. Relationships with friends Make one new non-using friend.	1. Attend church social group this week.	1 month
6. Relationships with parents/family Spend two hours per week doing a fun activity together (movie, shop, dinner).	1. Sit down and have breakfast with my parent/family in the morning before rushing out the door (do two times per week).	1 month
7. School Get passing grades on my math and history midterms.	1. Finish my math and history homework every night this week.	1 month
8. Work Apply for 3 jobs.	1. Look online for places that are hiring nearby. 2. Ask others at the Friday AA meeting if they know about any openings.	1 month
9. Social activities Identify one new fun social activity that I want to do weekly and begin doing it.	1. Ask my non-using cousin what he does for fun with other people. 2. Check on the internet/social media to get ideas.	1 month



Goals of Counseling ○ U hQ
NOTE: These would not be all assigned at once!

Name: _____ Date: _____

Problem Areas/Goals “In the area of ___ I would like:”	Intervention (Weekly)	Time Frame (Goal)
10. Recreational activities Get punching (speed) bag.	1. Call brother to see if he still has a bag; call the YMCA to see if they have any old ones.	1 month
11. Personal habits (e.g. getting up in the morning, being on time, finishing tasks) Be on time for school/work every day.	1. Set a back-up alarm across the room. 2. Turn off computer and go to bed by midnight.	1 month
12. Legal issues Make it through the month with no new charges.	[See intervention/goal #1]	1 month
13. Money management Save \$25 per month.	1. Do odd jobs for elderly neighbors (i.e., pick up trash, run errands) and put \$5 away each week.	1 month
14. Emotional life (my feelings) Use anger management “cool down” techniques whenever angry.	1. Try out two possible “cool down” techniques this week (i.e., saying “cool down/relax”, walk away quickly) when angry.	1 month
15. Communication Spend a half hour per day in pleasant conversation with parents/family.	1. Use positive communication skills to say a pleasant “good-bye” when leaving for work/school each day and “hello” when returning home.	1 month
16. General happiness		
17. Other:		

 (Participant Signature) _____ (Date) _____ (Clinician Signature) _____ (Date)

 (Guardian Signature – Optional) _____ (Date) _____ (Supervisor Signature) _____ (Date)

Communication Skills

The goal of using communication skills is to be able to get your message across to another person to help you get what you want. Using these communication skills should enable people to compromise or agree on a solution to a problem. When everyone agrees on a solution, compliance by both sides and contentment with the solution are more likely. It is important to stay positive during the communication skills training and avoid blaming.

Understanding statement. The goal of the understanding statement is to open up communication and show that you are aware of another person's thoughts on a problem. That is:

- **Come from the other person's perspective.**
Example: "I understand you would like the kitchen cleaned because it is a real mess, and you would like the house to be clean when friends/guest come over."
- **Come from your perspective.**
Example: "But Joe is having a cookout at his house, and I haven't seen him for a while, so I would really like to go."
- **Make a request (a request should be brief, positive, and specific).**
Example: "Would it be ok with you if I go to the cookout this afternoon, and then clean the kitchen and do the dishes later tonight when I get home, maybe around 8 p.m.?"

Partial responsibility. The goal of the statement of partial responsibility is to avoid blaming the other person. Remember to state how you or the other person see yourselves fitting into the problem or solution. That is:

- **How do you fit into the problem?**
Example: "I know I made a real mess by making pancakes this morning, and I haven't always followed through with cleaning kitchen, and I'm sorry about that."
- **Repeat the request (optional).**
Example: "But I would really appreciate if I could clean the kitchen around 8 p.m. tonight after I get home from Joe's cookout."

Offer to help. The offer to help is used to show that you are willing to work on a solution that works for everyone and that you would like input from others on possible solutions. That is:

- **Offer several possible solutions.**
Example: "If there is anything I can do to help make that happen—help out with another chore around the house, take out the trash, or just do a quick 10-minute cleaning for now and do the rest later—I would really appreciate it."
- **State your openness to listen to and consider the other person's ideas.**
Example: "Or if there is anything that you can think of, I would be willing to listen."

Following the offer to help, the other person may try to compromise on a solution or do some problem solving. It may be necessary to go through the communication skills again to state your point.



How Do I Solve This Problem?

1. **Define your problem.** Just one. Keep it real specific. Write it below.
2. **Brainstorm possible solutions.** The more the better! List below.
3. **Eliminate unwanted suggestions.** Cross out any that you can't imagine doing yourself.
4. **Select one potential solution.** Which one can you imagine yourself doing this week? Circle it.
5. **Generate possible obstacles.** What might get in the way of this working? List below.
6. **Address each obstacle.** If you can't solve each obstacle, pick a new solution and go through the steps again.
7. **Make the selected solution for your assignment this week.** List below exactly when and how you'll do it.
8. **Evaluate the outcome.** Did it work? If some changes are needed, list them below and commit to trying it again.





Daily Reminder to Be Nice

Name: _____

Week Starting: _____

	Day						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Activity							
Did you express appreciation to the other person today?							
Did you compliment the other person today?							
Did you give the other person a pleasant surprise today?							
Did you express affection?							
Did you spend some time devoting your <u>complete attention</u> to pleasant conversation with the other person?							
Did you <u>initiate</u> pleasant conversation?							
Did you make an offer to help before being asked?							

Relationship Happiness Scale (Adolescent Version)

Name: _____ ID: _____ Date: _____

This scale is intended to estimate your current happiness with your relationship with your parent or caregiver in each of the areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left end of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right end of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each life area: "How happy am I today with my parent in this area?" In other words, indicate according to the numerical scale (1 to 10) exactly how you feel today. Try to exclude feelings of yesterday and concentrate only on the feelings of today in each of the life areas. Also, try not to allow one category to influence the results of the other categories.

	1	2	3	4	5	6	7	8	9	10
1. Time spent with me										
2. Allowance										
3. Communication										
4. Affection										
5. Support of school/work										
6. Emotional support										
7. General home activities										
8. General happiness										



Relationship Happiness Scale (Caregiver Version)

Name: _____ ID: _____ Date: _____

This scale is intended to estimate your current happiness with your relationship with your adolescent in each of the eight areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left end of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right end of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each area: "How happy am I today with my adolescent in this area?" In other words, indicate according to the numerical scale (1 to 10) exactly how you feel today. Try to exclude feelings of yesterday and concentrate only on the feelings of today in each of the life areas. Also, try not to allow one category to influence the results of the other categories.

	Completely Unhappy										Completely Happy
1. Household responsibilities	1	2	3	4	5	6	7	8	9	10	
2. Communication	1	2	3	4	5	6	7	8	9	10	
3. Affection	1	2	3	4	5	6	7	8	9	10	
4. Job or school	1	2	3	4	5	6	7	8	9	10	
5. Emotional support	1	2	3	4	5	6	7	8	9	10	
6. Time spent with adolescent	1	2	3	4	5	6	7	8	9	10	
7. General home atmosphere	1	2	3	4	5	6	7	8	9	10	
8. General happiness	1	2	3	4	5	6	7	8	9	10	





ACTIVITY AGREEMENT FORM

Today's Date: _____

By: _____ I agree to _____
(Date of next session)

Client

Date

Case Manager

Date

Homework Completed?

Yes _____

No _____

Date completed?

Homework Assignments (SAMPLE)

I will . . .

- Get three job applications at the mall on Wednesday and bring them to the next session.
- Check on the status of all submitted job applications on Wednesday after school (around 4 p.m.).
- Say “No, thanks” assertively if asked to smoke with friends this weekend. If that doesn’t work, I will change the subject or leave the situation.
- Ask Mom on Wednesday night (using communication skills) to go the mall on Saturday.
- Complete and ask Mom to complete at least one column of the Daily Reminder to Be Nice every day this week or until the next session.
- Complete three pages of the Leisure Questionnaire by Sunday at 3 p.m., and complete the rest of the LQ on Tuesday at 4 p.m. (before appointment).
- Ask five neighbors by Thursday to play kickball this Friday after school.
- Go hiking with Dad this Sunday afternoon at 2 p.m. (could get more specific on where).
- Talk to the drama coach after school on Monday about joining the drama team.
- Practice the first part of communication skills (understanding statement) at least three times this week when talking with Mom and Dad.
- Create a list of 10 fun, healthy, nonusing activities on Saturday afternoon and try at least one of those activities by the next session (Tuesday).
- Stay away from high-risk situations for one week (be specific on high-risk situations). If triggers arise, I will go for a walk, call a sponsor, or play basketball with nonusing friends.
- Complete handout on triggers on Tuesday evening at 8 p.m.
- Create a list of five positive reinforcers on Sunday at 4 p.m. and share the list with the counselor at the next session.
- Be on time to school (by 8 a.m.) and attend all classes every day this week.
- Go to the library at 4 p.m. two days this week (Tuesday and Thursday) to work on homework, and check out two books to take home.
- Complete Anger Management form on Wednesday afternoon at 5 p.m.
- Attend three AA meetings this week (one on Monday, Wednesday, and Friday) at 6 p.m. for additional support.



Leisure Questionnaire

For every activity listed on the left, mark the space on the right that best describes how interested you are in that activity when you are *not* using alcohol or drugs.

YOUR amount of interest

	Very Much	Much	A Little	Not At All
1. Decorating and painting around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Finding bargains at sales and auctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Astrology, horoscopes, the zodiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visiting caves, waterfalls, scenic wonders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Making jewelry, baskets, statues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Breeding or training animals for shows or competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Planning trips, excursion and outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attending circuses and rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Going to church groups and church social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Growing house plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Raising pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Geocaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Doing things with your parents or grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Doing things with your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Flower or vegetable gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Visiting the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Visiting the zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Making or watching home videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Blogging or vlogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Jogging, calisthenics, gymnastics, physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Woodworking activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Playing a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Going to parades, fireworks shows, public spectacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Attending parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Walking in parks or around the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Very Much	Much	A Little	Not At All
28. Attending after-school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Doing crossword or jigsaw puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Meeting new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Reading detective or mystery stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Writing letters to friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Reading or studying history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Visiting museums, art galleries, or monuments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Making or designing clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Playing bingo and similar games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Traveling to see historic sights and places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Going to flea markets, bazaars, or yard sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Visiting amusement and theme parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Ice or inline skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Working on the church, school, business, or neighborhood newspaper or newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Writing stories, poems, articles, or songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Donating time to church work and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Painting, sketching, or drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Looking for new people to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Entering contests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Visiting with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Going to dog, cat, horse, or other animal shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Talking or texting with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Going to restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. E-mailing friends or hanging out in chat rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Doing lawn and yard work at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Learning about stocks, bonds, or other investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Playing chess, checkers, bridge, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Going rock climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Buying or making things to sell for profit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Flying kites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Very Much	Much	A Little	Not At All
59. Checking family trees, genealogies, tracing your kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Making models and miniatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Bicycle riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Singing with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Going to the beach or river	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Learning about ceramics, porcelain, or glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Acting in plays or doing sets, props, or lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Watching team sports (baseball, hockey, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Learning about or doing design and decoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Riding motorcycles or off-road vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Lawn sports such as volleyball, badminton, Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Collecting stamps, coins, dishes, dolls, sports cards, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Participating in social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Fixing things around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Doing henna art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Going to movies or plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Playing golf or minigolf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Fixing up, refinishing, or collecting old furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Going fishing or hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Playing paintball, airsoft, or laser tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Downloading new apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Being in political groups and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Browsing in stores, at estate sales, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Playing games like pool, shuffleboard, horseshoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Playing team sports (football, softball, soccer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Attending concerts or other music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Winter sports such as skiing, sledding, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Visiting or creating websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Attending church or Bible study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Playing board games like Scrabble, Monopoly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Playing video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Very Much	Much	A Little	Not At All
90. Babysitting or other work with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Charity or volunteer work for the sick or needy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Watching television or streaming videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Boating or canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Hiking, camping, picnicking outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Cooking or baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Photography (taking or editing pictures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Playing cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Target, trap, or skeet shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Sewing, knitting, crocheting, needlepoint, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Working on cars or other vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Playing tennis, handball, squash, racquetball, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Doing art and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Swimming, skin diving, and other water activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Collecting bottles, old glass, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Learning about other countries and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Collecting shells, rocks, specimens, nature objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Reading or watching science fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Reading romantic novels and love stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Going to fairs or carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Taking courses on new topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Civic and service clubs, lodges, community groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Going to a coffee house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Watching auto races, demolition derbies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Watching individual sports (boxing, tennis, weightlifting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Architecture (designing, studying, building, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Taking quizzes online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Aerobics (exercises, dancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Keeping a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Very Much	Much	A Little	Not At All
121. Making audio or videotape recordings of events, movies, concerts, parades, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Going horseback riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Going to a car show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Rearranging your room, organize your closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Learning archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. Putting on makeup or doing your nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Winter activities (building a snowman, snowball fight, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. Going to an airshow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Getting a manicure or pedicure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Stargazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Helping clean the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Making a scrapbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Candle or soap making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Go to the batting cages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Going to the golf driving range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Playing ping-pong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Sunbathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Taking and editing selfies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Going for ice cream or frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Taking a nap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Riding go-carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Studying for the driver's exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. Going to the YMCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Washing the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**If you have any other interests or hobbies that were not listed,
please list them here:**

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

From the checklist you have just completed (items checked off on previous pages and items written above), pick your five favorite (strongest or least disliked) interests, and next to each one, estimate how much time you now spend engaged in that interest in a typical week.

Favorite Interests	Hours/Days in Typical Week
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



Wallet-Sized Card Templates

Proven Ways to Help Your Child Stay Sober

1. *Be a good role model* by not using alcohol or drugs.
2. *Be positive* with your child. Praise appropriate behavior. Decrease blaming and put-downs.
3. *Monitor* your child's behavior and whereabouts. Know what he/she is doing and who he/she is with.
4. *Get involved* in your child's life outside the home. Encourage and promote positive social and recreational activities.

Three Steps to Better Communication

1. Understanding Statement
2. Partial Responsibility Statement
(Shared role in creating or solving a specific problem)
3. Offer to Help

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ANGER MANAGEMENT

Remember, it's okay to get angry. What is important is how your emotions are expressed. Below are some tips for anger management.

- **How has anger interfered with your life?** What would you like to change?
- **How do you know when you are getting angry?** (Typical signs are an upset stomach, clenched jaw, tightened fist.) If you feel you are beginning to get angry, you can do something before the situation becomes too tense and leads to negative consequences.

Write your typical signs here: _____

- **Take time to cool down.** Find an activity or spend time away from the situation so you are able to calm down and handle the situation in a way that does not have negative consequences. It's important to come up with a way to tell yourself and others that you need a break and time to cool down.

Write your cool down phrases here:-

Write your cool down activities here: _____

- **Remember to use communication skills to help express how you feel, while trying to see how the other person feels.** Try to come to a common solution instead of forcing your decisions on someone else. See the *Communications Skills* sheet.
- **Try to come from the other person's perspective.** Why does the person feel the way he or she does?



Resisting Pressure to Use

When you decide to abstain from alcohol or drug use, it can be a big change. People will probably still offer you alcohol or drugs. To help you reach your goal, it is important to know how to refuse alcohol or drugs. Refusing drugs may be easy or more difficult depending on who you are with, where you are, the time of day, and so forth (based on your triggers). Being prepared by practicing refusal skills can help you stay away from drugs and reach your goal. Below are the basic steps to use for refusing alcohol or drugs.

- **Say, “No, thanks”**
 - **Display assertive body language**
 - **Suggest an alternative**
 - **Change the subject**
 - **Directly address the issue with the person pressuring you**
 - **Leave the situation**
-
- **Say, “No, thanks.”** Of course, if someone offers you alcohol or drugs, saying “No, thanks” is the first thing you would want to do. To make sure the other person knows you are serious, be firm. Often strangers or acquaintances will just accept a “No, thanks” without pressuring you anymore. However, other people such as friends may want to have an explanation. Having a ready-made explanation (“No, thanks, I’m on probation and getting drug tested”) can make it easier.
 - **Display assertive body language.** Be aware of your posture and body positioning. To get your point across and show you are serious, it is best to look directly at the other person and make eye contact when refusing alcohol or drugs.
 - **Suggest an alternative.** For example, if someone offers you a beer, you might suggest something else to drink, like “No, thanks. How about a soda?” You can also suggest something else to do, like “Let’s go shoot some hoops.”
 - **Change the subject.** This shows that you are not really interested in using drugs. For example, say, “No, thanks. What did you think of that new music video?”
 - **Directly address the issue with the person pressuring you.** Use this technique as a last resort. It can strain a relationship at times. Use good communication skills, but be direct: “Hey, I get that you want to get high and I used to be into that, but I’m trying to pass my drug screens now. . . .”
 - **Leave the situation.** If you’ve tried everything else and the person still persists, then the best option is to just leave the situation. (e.g., the party, the place where the others are hanging out).



Job Seeking Skills (Clinician Handout)

NOTE: These steps can be completed in up to 3 sessions.

Provide “Overview” (checklist item #62)

Discuss:

A. Rewards (value) associated with a satisfying job (*at least 1 example*):

- The money makes other rewards/goals more accessible
- Could be a good way to meet new non-using friends
- It address triggers such as boredom
- Other _____

B. Difficult aspects of the job finding process (*at least 1 example*):

- It takes a lot of effort to find a job
- Rejection is often part of the process

C. Job Finding’s “basic premises” (*at least 2 premises*):

- Need to generate a list of job categories of interest
- Must make a lot of contacts to generate job leads
- Need to learn how to complete a job application skillfully
- Need to practice both contacting potential employers and interviewing
- Need a lot of interviews (more interviews = better chance of getting a job)

Help Generate Job Categories (item #63)

Ask standard work experience/interest questions (*at least 2 questions*):

- What kind of work has the client done in the past?
- What type of job training (if any) has the client had?
- In what type of place/position could the client imagine working?
- How risky is the desired position in terms of substance use potential?

Generate/Follow-Up Job Leads (item #64)

A. Develop a list of sources of contacts (*any relevant ones*):

- Family, friends, acquaintances
- Past employers or co-workers (if applicable)
- Internet postings
- Job Finding websites/apps
- Other _____

B. Set up a tracking system (& filled in a real example if possible):

- 1st Contact Date:
- Company:
- Contact Person’s Name:
- Telephone Number:
- Address:
- Result of 1st Call: (Date, Contact information, Follow up needed)
- 2nd Call:
- 3rd Call:



Rehearse and Make Phone Calls (item #65): Note: this item is optional

A. Explain telephone inquiry steps (*at least 4 steps*):

- Introduces him/herself
- Asks to speak to the person responsible for hiring
- States that he/she is looking for a job; asks about openings
- Briefly reports his/her qualifications/skills
- Asks about coming in for an application or an interview
- If company is neither hiring nor encouraging an interview:
 - Asks about potential openings in the near future
 - Asks if the employer knows of any other businesses that are hiring
- Thanks employer

B. Role-play the call

Complete Applications (item #66)

Complete an application OR discuss considerations when preparing to complete one (*at least 3*):

- Explain how application should be checked for spelling and grammar
- Discuss client's strengths to include (including personal characteristics)
- Develop a strategy for handling difficult questions (e.g., about drug use)
- Discuss having names/numbers for 2 references

Rehearse Interviews (item #67)

A. Discuss preparatory points (*at least 2 points*):

- Dressing appropriately
- Having good hygiene
- Being punctual
- Having transportation

B. Cover important interview topics (*at least 1*):

- How to highlight one's strengths
- How to handle difficult questions

C. Role-play (multiple times)

Plan for Job Maintenance/Satisfaction (item #68)

A. Job Maintenance:

- Discuss reasons for job-related problems in the past (or why client potentially *could* have problems)
- Address potential job-related problems (use A-CRA procedures when possible)

B. Current Job Satisfaction (if applicable):

- Evaluated current job satisfaction with Happiness Scale
- Set new goals/strategies to enhance job satisfaction with Goals of Counseling



Finding a Job (Client Handout)

Make a list of what you're interested in—what you'd like to do.

- D. Think of the kinds of work you've done in the past. ANY experience you've had matters (e.g., volunteer work, community service, helping out at school)
- E. Think about what you're good at or places you'd LIKE to work. Examples: computers, retail (mall), maintenance, waiter (restaurant work), cleaning

Develop a list of contacts for job leads.

- Talk to family members, friends, past bosses
- Look on web sites that have listings of jobs for your age group (e.g., teens or adults)
- Look in phone book yellow pages to locate businesses in the job categories in which you're interested
- Look for help-wanted ads posted in windows of stores or restaurants
- Examine help-wanted ads in the daily newspaper

Inquire about job openings, and ask for an application.

- Introduce yourself
- Ask for the manager or person in charge (head of department)
- If the person is not available, ask to set up an appointment for the same day or the day after
- Once you are able to speak with the manager, explain that you are looking for a job, and ask about openings
- Give a brief summary of experience or show enthusiasm for working there.
- Ask about getting an application or an interview
- If the company is not hiring or is unwilling to provide an interview, ask about other businesses that are hiring
- Thank the employer for his or her time

Set goals when looking for a job.

- Make at least five contacts a day
- Be motivated
- Make a lot of appointments
- Call employers back to check whether a position has opened up
- Turn in applications to as many places as possible

Sample request for an interview:

Hello, my name is _____. I would like to talk to the manager. Can you tell me his or her name, please? I'm looking for a job in _____ (e.g., restaurant work), and I'm wondering whether I could come in to talk about a possible job opening? I have experience in _____, and I'd like to talk to you about any openings you have now or think you will have later. Would you have time this afternoon? (If not) When is a good time to come back?



Name: _____

Date: _____

Couple Relationship Happiness Scale

This scale is intended to estimate your current happiness with your relationship in each of the ten areas listed below. Ask yourself the following question as you rate each area:

How happy am I today with my partner in this area?

Then circle the number that applies. Numbers toward the left indicate various degrees of unhappiness, while numbers toward the right reflect various levels of happiness.

In other words, by using the proper number you will be indicating just how happy you are with that particular relationship area.

Remember: You are indicating your current happiness, that is, how you feel today. Also, try not to let your feelings in one area influence the ratings in another area.

	Completely Unhappy					Completely Happy				
Household Responsibilities	1	2	3	4	5	6	7	8	9	10
Raising the Children	1	2	3	4	5	6	7	8	9	10
Social Activities	1	2	3	4	5	6	7	8	9	10
Money Management	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Sex & Affection	1	2	3	4	5	6	7	8	9	10
Job or School	1	2	3	4	5	6	7	8	9	10
Emotional Support	1	2	3	4	5	6	7	8	9	10
Drinking/Drug Use	1	2	3	4	5	6	7	8	9	10
General Happiness	1	2	3	4	5	6	7	8	9	10



Name: _____

Date: _____

Perfect Relationship Form

Under each area listed below, write down the behaviors that would represent an ideal relationship. Be brief, be positive, and state in a specific and measurable way what you would like to see occur.

1. In Household Responsibilities, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

2. In Raising the Children, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

3. In Social Activities, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____



4. In Money Management, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

5. In Communication, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

6. In Sex and Affection, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____



7. In Job or School, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

8. In Emotional Support, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

9. In Drinking or Drug Use, I would like my partner to:

1. _____

2. _____

3. _____

4. _____

5. _____

Adapted from *Clinical Guide to Alcohol Treatment: Community Reinforcement Approach*
(Meyers & Smith, 1995)

